

Development of an APRN Informational Website for State Legislators in Ohio

DNP Final Project

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### Abstract

The Consensus Model for APRN Regulation proposes goals to expand patient access to advanced practice registered nurses (APRNs) and promote a consistent scope of practice across the United States and its jurisdictions (APRN Joint Dialogue Group, 2008). In order to achieve this goal in Ohio, state legislators will need to pass bills removing barriers to APRN scope of practice. Enacting these laws will allow Ohio APRNs to practice comparable to other states where APRNs have full practice authority. The website, developed for this DNP project, OhioAPRN.com, is one way to help accomplish this goal. The purpose of this project was to develop a content-validated website that contains role and scope of practice information about the four types of APRNs that are legally recognized in Ohio: (a) certified nurse practitioner (CNP), (b) certified registered nurse anesthetist (CRNA), (c) certified nurse-midwife (CNM), and (d) clinical nurse specialist (CNS). The project design included an online survey that was administered through Qualtrics© software (Version 62101) of the Qualtrics Research Suite (2015). A health policy expert panel comprised of seven nurses was recruited via e-mail and asked to review the website and then complete a survey about the website. The experts established the accuracy and appropriateness of the website. There was general agreement among the health policy expert panel that the content within the website was valid. The expert panel agreed that the website contained the essential information that a state legislator needs to know about APRNs. An item-content validity index (I-CVI) and scale-content validity index (S-CVI) were calculated. Each item had an I-CVI of 1.00 and the S-CVI/Ave was 1.00, demonstrating 100% agreement on content validity ratings among the 7 experts. The written responses by the expert panel were analyzed and revisions to the website were made based on suggested changes. The website, OhioAPRN.com, is valuable as an informational website for Ohio state legislators.

*Keywords:* APRN, educate, state legislator, role, scope of practice, website, health policy, expert panel

It is with love and gratitude that I dedicate this project, the last of my doctoral work,  
to my husband, Richard David Harding.  
Together, with God, all things are possible.

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## **Chapter One: Nature of the Project**

### **Introduction**

The goal of this Doctor of Nursing Practice (DNP) Final Project was to develop a website (OhioAPRN.com) that contains role and scope of practice information about the four types of advanced practice registered nurses (APRNs) that are legally recognized in Ohio: (a) certified nurse practitioner (CNP), (b) certified registered nurse anesthetist (CRNA), (c) certified nurse-midwife (CNM), and (d) clinical nurse specialist (CNS) (Nurse Practice Act, 2013b). The website was designed as a resource for use by Ohio state legislators who are preparing to vote on legislation that could have significant health policy implications for APRNs and their patients. An expert panel, comprised of nurses having expertise in the area of health policy, was used to assess and refine the content validity of the website.

### **Problem**

APRNs in Ohio have advocated for changes in state laws and rules since the early 1980s (Ohio Association of Advanced Practice Nurses [OAAPN], 2010). Their advocacy efforts have focused on removing legislative barriers that restrict their practice. While APRNs in the past have celebrated legislative successes for achieving a broader scope of practice, barriers still exist in Ohio. Barriers may restrict access to care, increase costs, impede the timely delivery of quality health care to patients, and restrict free trade and consumer rights (Ewing & Hinkley, 2013; Gilman & Koslov, 2014; Martsof, Auerbach, & Arifkhanova, 2015; National Governor's Association [NGA], 2012; Newhouse et al., 2011). Existing barriers in Ohio include, but are not limited to: requirements for physician oversight of APRN practice, inability to delegate medication administration to medical and nursing assistants, and limits on prescriptive authority, such as prescribing only those medications on an approved formulary (Nurse Practice Act, 2013a, 2013c). Although barriers exist and vary from state-to-state, they may unnecessarily limit the scope of practice (Gilman & Koslov, 2014; Institute of Medicine [IOM], 2010). Removing these barriers would allow Ohio APRNs to achieve their full scope of practice equal to those in the District of Columbia and 14 other states, including: Colorado, Connecticut, Hawaii, Iowa, Idaho,

Minnesota, Montana, Nevada, New Mexico, North Dakota, Oregon, Rhode Island, Vermont, and Wyoming (National Council of State Boards of Nursing [NCSBN], 2014; Phillips, 2015).

State legislators, as members of the Ohio General Assembly, are able to pass legislation that can remove the barriers to APRN practice in Ohio. They have the ability to enact a new law or amend an existing one (Ohio Legislative Service Commission [LSC], 2013). APRNs have encountered their own barrier in their attempts to make changes; that is, they have found it difficult to successfully lobby Ohio legislators who may be generally aware of the APRN role, yet lack the full understanding of their scope of practice (L. Herf, personal communication, November 20, 2009). The DNP student, who has a history of prolonged engagement in health policy and an in-depth understanding of the Ohio legislature, has found this lack of knowledge and understanding is particularly evident among newly elected or appointed legislators who are serving their first term in the Ohio General Assembly.

Regardless of whether the legislator is new or has prior legislative experience, through personal communication the DNP student found (March 23, 2011), that some legislators do not know the difference between a licensed practical nurse (LPN) and a certified nurse practitioner (CNP). While both types are licensed nurses, they have distinct differences in their roles and scopes of practice. The CNP, after completing additional education and clinical training, is authorized to practice autonomously and prescribe medications for diagnosed conditions, whereas the LPN is not (Nurse Practice Act, 2013a, 2013c). Representative Linda Upmeyer (2004), a nurse practitioner who is a member of the Iowa House of Representatives, once shared a similar experience:

“I’ve come to the startling realization that many legislators do not know a nurse practitioner from a registered nurse, licensed practical nurse, or physician assistant. We need to continue educating on that topic so lawmakers know they can come to us for advice on health care issues”

(Offer Your Expertise section, para. 1).

The lack of legislators understanding of the APRN role is demonstrated through questions the legislators ask during committee hearings and conversations with stakeholders. For example, an APRN who testified in support of Am. Sub. Senate bill 83 before the Ohio Senate’s Health, Human Services, and

Aging Committee, commented on how “uninformed” she thought the legislators were about APRNs and their scope of practice (D. Klemanski, personal communication, April 7, 2011). Nevertheless, APRNs continued with their educational and advocacy efforts, and eventually the bill was enacted into law, allowing Ohio’s APRNs expanded authority to prescribe schedule II controlled substance medications (Nurse Practice Act, 2015). Another example occurred during a small group meeting with a legislator, who served as a member on the senate health committee. The DNP student found (March 23, 2011) that the legislator was unaware that the formulary permits APRNs to prescribe some medications that a psychiatrist might prescribe for a mental illness. The lack of knowledge about the APRN role and scope of practice could have significant state budgetary and policy implications. There is a severe shortage of psychiatrists in Ohio (Health Resources and Services Administration [HRSA], 2015). By utilizing APRNs to help increase the access to care for certain mental health illnesses, it would allow patients to be seen sooner and could avoid the lengthy wait times that are often encountered by patients scheduled to see psychiatrists (Martsolf, Auerbach, & Arifkhanova, 2015).

Multiple factors are thought to play a role in legislators’ lack of knowledge and understanding of APRNs and their scope of practice, including limited or competing resources, term limits, legislator workload, and legislators’ lack of health care experience.

**The Ohio General Assembly.** The Ohio General Assembly is a bicameral legislature that meets throughout the year at the Statehouse in Columbus, the state capital. The 99-member House of Representatives and 33-member Senate are divided into districts based on population size across Ohio’s 88 counties, covering rural to urban areas (Ohio LSC, 2013). Each Senator represents approximately 349,591 constituents, which is a 3:1 district ratio over Representatives who serve 116,530 constituents (Ohio LSC, 2013).

Ohio is a term-limited state that has a two-year legislative session beginning in January of each odd-numbered-year (Ohio LSC, 2013). Members of the House of Representatives are elected for two-year terms with a limit of four consecutive terms or a maximum of eight years. State senators are

elected for four-year terms and can serve two successive terms or eight consecutive years (Ohio LSC, 2013). Every even-numbered year, the entire membership of the House of Representatives is up for re-election. The terms of Senators are staggered so that approximately one-half of the Senators are up for election every other year (Ohio LSC, 2013). Elections for the House of Representatives were held on November 4, 2014 and all 99 seats were up for election. However, there were only 25 new members, plus five returning former legislators (see Table 1). The 2014 election resulted in four new members in the Senate (The Ohio Legislature, 2015). Only one senator is a first-term legislator without any prior legislative experience (see Table 2); and the remaining three senators previously served in either the Ohio House of Representatives or Senate (The Ohio Legislature, 2015). The current number of term-limited legislators in the House of Representatives and Senate are 15 and 7, respectively (see Tables 1 and 2).

***Term limits create a high turnover and continual need to educate legislators.*** Ohio is among the 15 states that currently have term limits (National Conference of State Legislatures [NCSL], 2013). Term limits have been in existence in Ohio since 1992, when 68.4% of the voters supported an amendment to the state's constitution (Ohio Const. art. II, § 2). Term limits caps the number of consecutive years a state legislator can hold an elected office resulting in a high turnover of legislators and a decrease in legislative experience (Bowser, Chi, & Little, 2006; Ohio LSC, 2013). According to a survey conducted by researchers at the University of Akron's Ray C. Bliss Institute of Applied Politics (Green, Marquette, & Farmer, n.d.), legislators do not favorably view term limits in Ohio, and this required turnover has the potential to create a less efficient legislative process. APRNs find this frequent turnover a challenge as it results in a continual need to educate new legislators about APRNs and related health and health care issues.

***Legislators are expected to vote on a broad array of issues.*** In addition to term-limits, legislators face other challenges each legislative session, such as staying current on a broad range of issues facing their constituents (Graham, 2010). Ohio legislators, for example, are expected to vote on hundreds of bills each year (see Table 3). The bills range from issues on the budget and environment to education and health care (Ohio LSC, 2013, 2014). Legislators seek information that will allow them to



make as informed a decision as possible regarding the proposed legislation (Taft & Nanna, 2008). However, legislators are reportedly overwhelmed by the amount of information they receive (Sorian & Baugh, 2002). Legislators have a limited amount of time and are highly selective about what they read (Stenersen, 2010). They often need answers right away, and sometimes must make their decisions with whatever information they have at a given point in time (Solarz, 2001). This can present challenges to APRNs who find they need to compete for the legislators' attention (Upmeyer, 2004). Because of these, APRNs are in a position to use their expertise to educate legislators; therefore, guiding the policymaking process, provided that the information can be delivered in a way that is accessible for legislators in context of their multiple competing demands for attention.

***Legislators often lack health care experience.*** Ohio legislators are educated and have a variety of backgrounds with professions ranging from farmers, teachers, business owners, and attorneys (see Tables 1 and 2). However, very few state legislators have a health care background (Short, 2008; Taft & Nanna, 2008). Only one nurse has served in the Ohio legislature in the past 10 years, and two physicians, one pharmacist, and one former health care administrator currently serve in the legislature (Morano, 2007; The Ohio Legislature, 2015). Although legislators do not usually have health care backgrounds, they are required to make important decisions that affect APRNs and their patients (Graham, 2010; Taft & Nanna, 2008).

The first essential element for an individual legislator's decision making is understanding the issue and critically evaluating information for the purpose of shaping a personal stand (Kerschner and Cohen, 2002). Legislators who lack understanding of APRNs and their scope of practice present challenges for APRNs who are advocating for legislative change. APRNs lobbying for the removal of barriers hindering their scope of practice have had to refocus their advocacy efforts and instead concentrate on educating legislators. While worthwhile and important, APRNs find this ongoing need for educating legislators difficult to sustain. In addition, this could result in less than ideal outcomes, such as unexpected changes or delays in political strategy. Therefore, a need for a website that provides current, state-specific information about all four types of APRNs and their scope of practice was identified.

Health policy knowledge is an essential foundation for subsequent health policy action, and is thus a first step toward action to removing legislative barriers that restrict their practice. APRNs have a foundation in expert clinical practice and can translate their knowledge into understandable language for elected and appointed legislators to inform their legislative decision-making (Milstead, 2016).

### **Purpose**

The purpose of this project was to develop a content-validated website to inform busy state legislators about APRNs and their scope of practice in Ohio. APRNs participate in the health policy process by providing time-sensitive and other important information legislators need to make decisions (Abood, 2007). Determining the ideal time and best method for presenting information to legislators is a challenge (Wilcox, Weisz, & Miller, 2005). As more and more people, including legislators, are using the Internet to search for information, an easily accessible website in lieu of traditional printed materials that can become easily outdated is a promising means to provide legislators with needed information to guide their legislative decision-making (NCSL, 2014; Ressler & Glazer, 2010; Short 2008; The Ohio Legislature, 2015). Only a limited number of online resources exist that contain accurate, up-to-date information about APRNs, and there are even fewer sites pertaining to APRN scopes of practice in Ohio. The website will be used to help increase legislators' knowledge about APRNs and their scope of practice in Ohio. Legislators who are better informed may assist APRNs who endeavor to be successful in passing legislation that allows APRNs to practice to their full scope of practice (Graham, 2010).

### **Relevance and Significance of Project to Nursing, Health Care, and the DNP Essentials**

All APRNs have a professional duty and responsibility to engage in education and health policy advocacy on behalf of the nursing profession and their patients (American Nurses Association [ANA], 2010, 2015). The DNP graduate builds upon this foundation, as well as prior education and experience, to develop new strategies that maximize the impact of professional nursing advocacy across all policy levels (American Association of Colleges of Nursing [AACN], 2006). The DNP graduate is an expert APRN who is prepared to lead change by playing a larger and more independent role in health policy to become effective leaders in the world of health policy (AACN, 2006; IOM, 2010). As such, the project

incorporated *The Essentials of Doctoral Education for Advanced Nursing Practice* (AACN, 2006). The DNP competencies related to health policy cross several of *The Essentials*, the majority of which are contained within *DNP Essential V: Health Care Policy for Advocacy in Health Care* (AACN, 2006). More specifically, the fourth component of *Essential V* addresses educating policymakers at all levels regarding nursing, health policy, and patient care outcomes (AACN, 2006).

The project also incorporated *DNP Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice* and *DNP Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care* (AACN, 2006). State legislators in Ohio are becoming more connected with constituents and stakeholders through the Internet, social media, and mobile device applications (The Ohio Legislature, 2015). New and innovative ways using the best evidence and latest technology are needed to reshape our future as it relates to how we educate online state legislators about APRNs and their scope of practice in Ohio (IOM, 2010). The website is a step in that direction.

### **Project Objectives**

The overall goal of this project was to design a content-validated educational website to inform state legislators about APRNs and their scope of practice in Ohio. To achieve this goal, the objectives of this project were to: (1) develop a website that contains accurate, evidence-based information about APRNs, their scope of practice, and the important role they play in delivering safe, cost-effective, and quality health care in Ohio; and, (2) validate the contents of the website using a panel of health policy experts. The feedback received from the health policy expert panel was used for subsequent and ongoing website revisions.

## Chapter Two: Review of Literature

### Theoretical Framework

The purpose of this project was to develop a website for use by Ohio state legislators to help increase their knowledge and understanding of APRNs and their scope of practice in Ohio. This chapter will include a discussion of the Kingdon (2011) model used to help guide the project and to help explain the complexities in the policymaking process as it relates to APRNs, state legislators, and the removal of legislative scope-of-practice barriers encountered by APRNs. The model, first introduced in 1984, aides in understanding how issues become problems, how issues get on the agenda, and how changes in policy occur. The model uses three separate but fluid streams to show: the problem stream, political stream, and policy stream (see Figure 1). These streams are subject to many influences in the policymaking process. Stakeholders, such as APRNs, are best known for influencing the process by actively engaging in problem recognition, policy generation, and politics (Kingdon, 2011).

Legislators are considered stakeholders who are *visible* participants *within* the government; and APRNs are considered *invisible* participants *outside* the government (Kingdon, 2011). Despite the level of visibility, participants must work hard to frame the issue as a legitimate problem in the problem stream for it to have the slightest chance of getting on the agenda and transformed into a policy. In the policy stream, the legislator's knowledge or lack thereof about APRNs and their roles could force APRNs to settle for less desirable policy alternatives, or they could fail altogether in the attempt to introduce new laws or change existing ones. A legislator who lacks this knowledge could be apathetic to APRN issues or fail to support increasing the APRN scope of practice. Thereby the legislator remains neutral and abstains from casting a vote. Another legislator might vote in favor of the other side for no reason other than the opposing stakeholder is perceived to have a more clear or significant role in health care.

The educational use of the website by legislators could help in framing the issues. The website contains relevant and key publications that are research and evidenced-based as well as pertinent articles related to APRNs for the following areas: cost, safety, quality, access to care, workforce data, patient satisfaction, and disparities. The website reflects (or frames) information that is accurate and unbiased,

but clearly and concisely shows the impact that APRNs have on the economy and Ohio's health care system. It is expected that after reviewing the website, legislators will be better informed, and will view APRNs who are not able to practice to their full scope of practice as a legitimate barrier.

APRNs are now in a position to respond to what Kingdon (2011) describes as a "focusing event." Problems alone are not always evident and sometimes need a little push from a crisis or disaster to get the attention of a legislator. Important events that draw public attention to an issue can be used by APRNs to advance a cause. For example, APRNs have the opportunity to embrace the changing health care system and produce information in an innovative and engaging way to influence decision-making using online technology that the legislators understand and in the most effective way. By developing the website for the purpose of educating Ohio state legislators about APRNs and their scope of practice, it is expected that the policymaking process will be enhanced by bringing relevant information to the attention of legislators (Wilcox, Weisz, & Miller, 2005).

### **Related Research**

The literature review was conducted using Academic Search™ Complete, CINAHL™ Plus, and MEDLINE®, as well as a variety of online databases. Articles were selected and reviewed based on their relevance and if they were applicable to the project design. Reference lists from these articles were also reviewed for relevant subject matter. A review of existing literature revealed a lack of research relevant to educating state legislators about APRNs and their scope of practice in Ohio. Therefore, additional health policy search strategies and tips were used, as suggested by Olsan, Bianchi, White, Glessner, and Mapstone (2011) and the health sciences librarian at The Ohio State University (S. Schulte, personal communication, September 2, 2010). Using this guidance, the search was expanded to include nontraditional search methods, such as Google.com, GoogleScholar.com, legislators' websites, blogs, APRN white papers, newsletters, newspapers, and magazine articles. These sources and types of information are what legislators and their aides rely on (S. Schulte, personal communication, September 2, 2010).

The review of the literature revealed research is limited that has specifically studied legislators, and even fewer studies pertain directly to nurses and educating legislators. In addition, the need and methods used to educate state legislators using a website appears to have never been formally assessed. Many published articles focus on the importance of nursing's involvement in health policy and ways to involve nurses in advocating for policy change. However, only opinions and anecdotal evidence exists to support the need to educate legislators about APRNs and the issues affecting their practice (Abood, 2007; Churches, 2000; Eaton, 2012; Graham, 2010; Hall-Long, 2009; Hansen-Turton, Ritter, & Valdez, 2009; Leavitt, 2009; Mathews, Boland, & Stanton, 2010; Milstead, 2016; OAAPN, n.d.; Ridenour & Trautman, 2009; Rigolosi & Salmond, 2014; Sheehan, 2010; Spenceley, Reutter, & Allen, 2006).

DiChiacchio (2014), while a DNP student at West Virginia University, created an evidence-based website (WVAPRNs.com) to facilitate nurse practitioner participation in the political process. The website was developed to communicate quality information to legislators in support of a bill pertaining to full practice authority for APRNs in West Virginia. The website, which cost slightly over \$10,000.00 to design and develop, consisted of the following seven pages: home page, updates, research, state laws, supports, survey, and contact us (DiChiacchio, 2014). Facebook® and Twitter® accounts were created to enhance communicating updates to those who self-registered for the website updates. Letters were mailed to 1,371 APRNs in West Virginia, inviting them to visit the website and complete the website survey. The survey was used to compare political involvement of APRNs before and after being introduced to the website, as well as to analyze the presence of any relationship between the introduction of the website and the provision of quality information to state legislators. Ninety-eight surveys were completed by APRNs ( $n = 81$ ) and APRN students ( $n = 17$ ) who visited the website. Fifty-eight of the survey respondents anticipated contacting their legislator after exposure to the website, compared to 30 respondents who actually contacted their legislator the year prior to completing the survey. Results showed a significant statistical association ( $p < 0.0001$ ) between introduction of use the website and contacting a legislator, showing that there is a systematic (reliable) association between the website being introduced and contacting a legislator that is unlikely to be attribute to random chance alone. Sixty-seven

of the respondents (68.4%) intended to refer their legislators to the website in order to convey supportive information about APRN full scope of practice, of which 58 (86.5%) were APRNs and nine (13.4%) were APRN students. Results showed a statistically significant relationship ( $p < 0.0001$ ) between the introduction of the website and providing quality information that supports APRN full practice authority to state legislators. Of note, all respondents (100%) who intended to contact their legislators after being exposed to the website, planned to refer their legislator to the website. DiChiacchio (2014) found that the results of the research shows one of the reasons nurses do not participate in the legislative process is because of lack of comfort in discerning what information to convey to legislators.

Milosh (2013), formerly a DNP student at The Ohio State University, recognized the importance of educating state legislators about CRNA practice in Ohio. Using a content analysis approach, Milosh (2013) designed an educational pamphlet, "Certified Registered Nurse Anesthetists: Quality Anesthesia for 150 Years," for dissemination to state legislators in Ohio. The educational pamphlet contained information highlighting the educational requirements, scope of practice, geographic distribution, and economic importance of CRNAs in Ohio. Additional information in the pamphlet included the website addresses of state and national CRNA organizations. An expert panel ( $n = 8$ ) was used to establish the content validity of the pamphlet. Experts were asked to evaluate the pamphlet's content for accuracy, appropriateness, and relevance to Ohio state legislators. There was general agreement among the expert panel regarding the validity of content in the pamphlet. The Item Content Validity Index (I-CVI) was calculated, and each item had an acceptable I-CVI of 0.88-1.00. The Scale-Content Validity Index (S-CVI) was 0.93 (average method). The universal method did not meet the recommended threshold of 0.80. The pamphlet was revised based on content evaluation and from those experts ( $n = 6$ ) who provided written feedback.

Eaton (2012), who served as a chair of the Legislative Coalition of Virginia Nurses (from 2004-2008), reviewed successful strategies used by Virginia nursing leaders to educate state legislators. These strategies included: testifying at hearings, letters, e-mails, and an annual nurse legislative day. Eaton (2012) also emphasized the importance of having a unified message to all stakeholders that

addresses health policy issues. In addition, supporting research and workforce data should be used to identify direct links that impact the economic cost benefit, patient access, and outcomes. Eaton (2012) concluded that it is important to provide high-quality, succinct, and trustworthy information about APRNs to legislators in order for the nursing community to build the case for legislative change.

Madler, Kalanek, and Rising (2014) had a similar experience to Eaton's (2012), but in North Dakota. The researchers' described policy action strategies that were used to obtain independent prescriptive privileges. One strategy was the use of a core team of four well-respected and experienced CNPs to develop a concise and consistent message. Strategies used for communicating with state legislators included the following: e-mail; one-page fact sheet with key talking points; meetings; stories of how the current law impacted the delivery of health care in different state geographic regions; and testimony. The testimony included role, scope of practice information, and existing barriers (Madler, Kalanek, & Rising, 2014). The researchers later developed and disseminated a webinar that reflected on their policy experience and strategies.

Ballantini and Chamberlain (2009), two former graduate students at Webster University, conducted a survey of all state legislators in Missouri to assess the legislators' knowledge of the CRNA role and scope of practice. The survey consisted of 12 multiple-choice questions, and nine demographic questions. The Missouri legislature, at that time, consisted of 34 senators and 159 representatives. Reportedly, only 19 legislators completed the survey, which was approximately a 10% response rate. The survey respondents consisted of the following: state senators ( $n = 3$ ), state representatives ( $n = 13$ ), senator's legislative aide ( $n = 1$ ), and representatives' legislative aides ( $n = 2$ ). Results showed that 68% ( $n = 13$ ) of Missouri legislators responded to 4 out of 7 questions correctly pertaining to the CRNA role. Other survey responses were analyzed, and the outcome of the study revealed that state legislators in Missouri have a knowledge deficit with regard to the CRNA role and their scope of practice. The research suggests that although Missouri state legislators are aware of some facts regarding CRNAs, it is important to educate legislators on the history, roles and responsibilities, and health care settings of



CRNAs (Ballantini and Chamberlain, 2009). Other areas include educating legislators on the CRNA titles and initials, and the counties in Missouri where only CRNAs provide anesthesia services.

Pruitt, Wetsel, Smith, and Spitler (2002) conducted a cross-sectional, retrospective qualitative study design involving telephone interviews of 21 APRNs from 11 states and the District of Columbia. All APRNs were known to the researchers as being instrumental in passing nurse practitioner autonomy legislation to remove barriers to practice. The researchers found that successful strategies in passing legislation include educating legislators about the role and functions of APRNs. They discovered that the best way to educate legislators about the role was to use printed material that contains clear consistent messages with short, bulleted phrases, and to avoid using technical jargon. The researchers emphasized the importance of the following when providing education: explaining all four types of APRN roles, their educational level requirements, functions, and the types of patients they serve; and the use of publications that incorporate research to show the efficacy of APRN practice. Of note is that one respondent said that the failure to educate the governor of West Virginia resulted in a veto of the legislation.

Teater (2008), a licensed social worker, conducted a qualitative study, using grounded theory, to better understand how issues reach the political agenda and the role interest groups play in influencing state legislators. Nine Ohio state legislators were individually interviewed: two Republican representatives; two Republican senators; two Democratic representatives; and three Democratic senators. The legislators were asked to discuss characteristics of interest groups that influence their voting behavior. Results showed that legislators view interest groups as experts in a focused area, and often rely on interest groups to provide them with the tools to make informed decisions. These tools include the following: scientific facts (in written form), personal stories (in oral form), face-to-face contact, telephone conversations, e-mail, faxes, mail, and testimonies at committee hearings. Each legislator had his or her preference on the specific tool used when making informed decisions. The researcher found that legislators value supporting and opposing evidence, as well as personal stories to help them determine the significance of the issue to their constituents. In addition, legislators attempt to discern whether the information provided is biased whereas objective information builds credibility. Based on the results of

the study, the researcher recommended the following: establishing trust and credibility by providing accurate, truthful information, and knowing the legislators' preferred communication style.

VanBeuge and Walker (2014) described the path Nevada nurse practitioners took toward full practice authority, including lessons they learned and challenges they encountered. The researchers shared several important tips and strategies. However, the information that was of primary importance, as it relates to this project, was that "scope of practice was a constant topic of discussion and misinformation," and often driven by the opposition (VanBeuge & Walker, 2014, p. 312). The opposition presented false information about CNP practice, including: educational requirements and the number of clinical hours required, scope of practice, and keeping with the physician-led team. The authors stressed the importance of involving APRN leaders with political savvy, using clear language, accurate and timely information, and a consistent message when communicating with legislators.

**Review of existing websites pertaining to APRNs and their scope of practice in Ohio.** A total of 19 websites were analyzed for their content pertaining to APRNs and their scope of practice in Ohio (see Table 4). Almost all of the websites belong to professional nursing organizations in Ohio where APRNs hold membership. To ensure that a thorough review was conducted of all available websites pertinent to the project, the DNP student performed an extensive search of each respective website's list of resources and Google.com. The Google.com search terms included, "Ohio," "APRN," "role," and "scope of practice." Only one additional website was discovered using this additional search strategy: My Health Care Ohio (myhealthcareohio.com) (see Table 4).

Each website was reviewed for information that could be used by state legislators to learn more about APRNs and their scope of practice in Ohio, using the following questions:

- Who is the website's target audience?
- Does the website contain up-to-date information, including hyperlinks to additional information?
- Does the website contain information related to the licensure, accreditation, certification, and education (LACE) of APRNs in Ohio?

- Does the website contains information specific to the role of all four types of APRNs (i.e., CNP, CRNA, CNM, and CNS) and their scope of practice in Ohio?

In summary, not one website was found that contained comprehensive, up-to-date information about all four types of APRNs and their scope of practice in Ohio (see Table 4). The target audience for most websites consisted of the organizations' members (or potential members), and not Ohio legislators. The websites, for example, contained information about membership meetings, professional events, legislative updates, and job opportunities specific to the members of the respective organizations. Several websites contained a "members only" area that was not accessible to anyone who was not a member, including Ohio legislators.

**Recommended approaches to educating legislators.** The information that state legislators read and hear about proposed legislation can have an important impact on the laws of the state (Sabatier & Whiteman, 1985). Therefore, it is important to understand the successful methods that have been used in the past when communicating important, and sometimes complex, information to busy legislators. Professional nursing organizations in Ohio have used various methods in the past to educate state legislators about APRNs and their scope of practice in an effort to remove legislative barriers to their practice, such as: an annual *Nurses Day at the Statehouse* (ONA, n.d.); provision of educational testimony at hearings held by the legislature's respective committees (Creating the Primary Care Workforce We Need, 2013; Fuchs, 2009); assigning a nurse legislative liaison to each legislator (Glazer, 2001); and providing education, in various ways, to newly elected Ohio legislators and their legislative aides after the start of each legislative session, in January (Fuchs, 2009; L. Herf, personal communication, November 20, 2009).

Although there is a tremendous variation in legislators regarding their preferred method of communication, the literature reveals that legislators prefer simple, uncomplicated information that is easily accessible (Hansen-Turton, Ritter, & Valdez, 2009; Teater, 2008). Multiple research studies and other articles included key important strategies to successful legislative change. A review of the overlapping themes across several articles are highlighted here that APRNs can use when adapting

communication to fit legislators needs. According to several authors, when communicating to legislators, use: clear, non-technical language; current, accurate, and reliable information; a convenient, accessible format that is brief and concise (e.g., summarize information using bullets); personal stories; layered information so the reader can go as shallow or deep as they want; ways to reduce Internet information overload to quickly find evidence to inform debates (Brekken & Evans, 2011; Gutchell, Idzik, & Lazear, 2014; Olsan, Bianchi, White, Glessner, & Mapstone, 2011; Short, 2008; Society for Public Health Education, 2012; Sorian & Baugh, 2002).

### **Chapter Three: Methods**

#### **Project Design**

The project centered on the development of a website, using a content validation approach, for the purpose of educating state legislators about APRNs and their scope of practice in Ohio. The website was designed using evidence drawn from the following sources: (a) the DNP student's experience in website design and APRN health policy advocacy, (b) review of the relevant literature, and (c) evidence-based information about APRNs and their scope of practice. The project also was conceptually consistent with aspects of Kingdon's model (2011), and incorporated the Consensus Model for APRN Regulation (APRN Joint Dialogue Group, 2008). In Kingdon's model (2011), the timely confluence of three streams – the problem stream, the policy stream, and the political stream – is what creates the momentum necessary to place the issue on the health policy agenda, to move it from the legislative agenda, and to lead to a change in health policy. The Consensus Model for APRN Regulation was introduced in 2008 from a national effort to resolve issues of inconsistent APRN licensure, accreditation, certification, and education (LACE) requirements across the United States and its jurisdictions (APRN Joint Dialogue Group, 2008). The model proposes goals to expand patient access to APRNs and promote a consistent scope of practice in a way that ensures the safety of patients (APRN Joint Dialogue Group, 2008). In order to achieve this goal in Ohio, legislators will need to be educated about APRNs and their scope of practice. The website is one way to help accomplish the goal.

Prior to designing the website, the domain name, OhioAPRN.com, was first selected and then registered (for a fee) by the DNP student (See Table 5). This domain name was chosen for reasons to include domain name availability and reachability, and for being short, simple, and easy to use (GoDaddy.com, n.d.). In addition, the keywords "Ohio" and "APRN" were consistent with the project goals and objectives. The .COM domain name extension was chosen – rather than .NET or .ORG – because it is the world's most popular domain extension and universally recognized as the gold standard in domain names (GoDaddy.com, n.d.; Lindenthal, 2014; Verisign, n.d.a). The .COM extension was originally intended for "commercial" or "company" entities, but its restrictions were never enforced and

the domain name is now a general purpose namespace (Verisign, n.d.b). The use of .COM adds credibility to the website, legitimizes web presence, and obtains better search engine results due to the well-established .COM brand (Lindenthal, 2014; Verisign, n.d., a, b).

The content layout was designed prior to developing the website using Cmap© software, Version [6.01] (2014) (see Figure 2). The majority of the content on the website was designed to be accessible from the homepage (see Figures 3, 4, and 5). The website contains the following main sections, according to the four types of APRNs legally recognized in Ohio: (a) CNP, (b) CRNA, (c) CNM, and (d) CNS. Each of these areas addresses the respective APRN's role and scope of practice as shown in Figure 2. Other sections pertaining to the APRN role and scope of practice are included, including areas that pertain to APRNs providing accessible, cost-effective, and quality health care.

Consistent with the APRN Consensus Model (2008), the heading, which is located in the upper margin of the website and accessible from each page, includes links to each of the following four sections: (1) Licensure, (2) Accreditation, (3) Certification, and (4) Education (see Figures 3, 4, and 5). Also present on each page of the website are links to Twitter®, Facebook®, and Google+®. Linking the website to social media sites enhances the accessibility of the website since 72% of online adults are social networking site users (Brenner & Smith, 2013). Ohio legislators have access to these forms of social media and utilize these services on their own state government websites (The Ohio Legislature, 2015).

The information is layered so that legislators can go as shallow or deep as they want. This will allow them to select individual paths through the same content, and supports their own preferences and pace for acquiring new information (Grorud-Colvert, Lester, Airamé, Neeley, & Gaines, 2010). Legislators will be made aware that the information is to be used as an adjunct in the decision-making process. The home page features the following statement: "The information provided on this website is designed to be used as an adjunct in the decision-making process." All website pages were designed in print format so that information will print out as seen on the computer screen.

After the website was created, it was reviewed by a panel of health policy experts for content evaluation (see Figure 6). The DNP student sought prior project approval from The Ohio State University, College of Nursing through the Quality Improvement (QI) determination and review process. Questions were answered in such a way that the project did not constitute research, so no official review by the Office of Responsible Research Practices (ORRP) or the Institutional Review Board (IRB) was required (see Appendix A). Written IRB certification was received to confirm that this project was exempt from IRB review (see Appendix B).

**The importance of website sustainability.** Defining how the website will be sustained is an important factor to consider and incorporate into the plan when implementing change. Sustainability of the website will be consistent with the *DNP Essentials II: Organizational and Systems Leadership for Quality Improvement and Systems*, and *DNP Essentials VIII: Thinking and Advanced Nursing Practice* (AACN, 2006). To ensure the continued existence of the website, the DNP student intends to personally maintain the website, including the annual cost of the domain name and monthly web hosting fees. The costs associated with developing the website are primarily one-time expenses (see Table 5). However, the website may require additional cost and significant time investments to maintain and update content in order to sustain website operations over a long period (Cook & Dupras, 2004). Therefore, in the future, the DNP student will explore additional funding opportunities at the state and federal levels, including grants and donations.

Future assistance in marketing and maintaining the quality of the website will also be sought. For example, DNP students enrolled in one of the eleven DNP programs in Ohio will be encouraged to assist with maintaining and updating the website. DNP students interested in health policy or those who are completing their required DNP health policy hours may find this opportunity appealing while at the same time find that it meets their program's requirements. Additionally, professional organizations, who are involved in the removal of legislative barriers to APRN practice, could be asked to feature the website on their existing websites. For example, organizations such as the Council for Ohio Health Care Advocacy (COCHA) and the Ohio Association of Advanced Practice Nurses (OAAPN) could provide a link on their

website to help market and draw attention to OhioAPRN.com. Additional future marketing strategies could include registering the website with the search engine Google® so that legislators and their legislative aides searching the Internet for information on APRNs could easily access OhioAPRN.com.

### **Target Audience**

The website was designed for use primarily by state legislators in Ohio. State legislators are either appointed or elected officials who are members of the Ohio General Assembly; therefore, they are able to enact new laws or amend existing ones to remove barriers to APRN practice (Ohio LSC, 2013). The important role that legislative aides play in the legislative process should not be forgotten. Legislators often rely on their legislative aides during the decision-making process; therefore, they should be considered and included as members of the target audience when providing education to legislators (Manning and Grosso, 2011).

### **Health Policy Expert Panel**

The purpose of the health policy expert panel was to evaluate the content of the website. The experts were used to establish the accuracy and appropriateness of the website. The expert panel consisted of seven ( $n = 7$ ) experts, each with health policy experience in the area of APRNs and the state legislative process in Ohio (see Figure 7). Although eight experts were sought, seven health policy experts agreed to participate as members of the expert panel. The one nonresponse is unknown whether it was due to a refusal to participate or for another reason. All potential experts' e-mail addresses were confirmed to be current and accurate. While there is no uniform standard or absolute rule on the ideal expert panel size, panels of up to eight experts have been noted to be desirable (Polit, Beck, & Owen, 2007). A minimum acceptable number of three experts has also been noted in the literature for the purpose of obtaining general agreement of the panel (Lynn, 1986).

The DNP student knows all health policy experts professionally and therefore had their e-mail addresses. The experts were selected based on defined professional academic or clinical qualities, such as: extensive nursing experience, reputation, and long-standing involvement in health policy advocacy. Diversity in the backgrounds of the experts was viewed as an asset, providing depth and breadth of



multiple perspectives regarding the website. Therefore, although not required, recruitment attempts were focused on generating an expert panel that consisted of one APRN from each of the following four role types: (a) CNP, (b) CRNA, (c) CNM, and (d) CRNA.

All experts were nurses who have expertise in the area of health policy and have been involved in APRN-related legislative changes in Ohio for five years or more. The majority of experts (71.43%) had more than 10 years of experience in health care policy (see Figure 7). One expert (14.29%) had 6-10 years of health policy experience and the other had 0-5 years experience (see Figure 7). Their expertise has been developed through graduate level academia programs, advanced nursing practice, and involvement in the policy arenas. All experts have been involved in committees focused on APRN health policy in Ohio, and some have testified before the Ohio legislature as proponents for APRN-related legislative bills. The majority of experts have prior experience in educating Ohio legislators and their aides about APRNs, their scope of practice, and related barriers. Their past involvement includes developing educational materials and presenting testimony, often in the form of education, at legislative hearings. While it is not known which of the seven potential experts actually responded to the survey, one expert, who has a doctorate degree in political science, is an internationally known health policy expert and the author and editor of national health policy publications as well as a former policy advisor in Washington, DC. Another expert has a J.D. degree and has taught health policy graduate education. One expert was the former chair of the Committee on Prescriptive Governance (CPG), a multi-disciplinary group appointed to oversee the Board of Nursing's Formulary for APRN prescribers.

Recruitment attempts were done exclusively by the DNP student and entirely via e-mail. Recruiting began only after receiving approval from the DNP guidance committee and The Ohio State University, College of Nursing QI project determination and approval process (see Appendix B). The recruitment process for all potential experts began May 5, 2015 and ended May 19, 2015. A separate e-mail, containing a standardized recruitment script, was sent to each potential health policy expert (see Appendix C). Two additional recruitment attempts, occurring one week apart, were also sent to each potential expert (see Appendices D and E). A standardized scripted protocol that meets the IRB

requirements of informed consent for research purposes was used for all potential health policy experts (see Appendices F and G). The script was the same for all forms of recruitment.

The request for project approval through The Ohio State University, College of Nursing included a waiver of consent documentation. The informed consent form would be the only record linking the expert to the project and could be a potential risk resulting in harm from a breach in confidentiality. The return of the survey constitutes informed consent and willingness to participate. The privacy rights of all experts and potential experts were addressed and maintained. Sufficient opportunity was provided to answer any questions the potential expert may have had before agreeing or refusing to participate as a member of the health policy expert panel (see Appendices F and G). The experts were able to freely decide whether to withdraw or continue participating in the project at all times. The names, responses, or any other information were not shared among experts, and the experts themselves were ensured privacy for their participation in the project.

### **Content Validity Assessment by Health Policy Expert Panel**

The stages of content analysis by a panel of health policy experts is outlined as shown in Figure 6. The instrument of the project was an online survey consisting of measures to elicit expert opinions of the website (see Appendices H and I). The DNP student designed the survey using customizable survey software by Qualtrics© (2015) with input from members of the DNP guidance committee to ensure that the construction of the items was consistent with the goal of the project. This is appropriate given the nature of the study design and since no instruments exist, related to the particular issue. The use of Qualtrics© is compliant with College of Nursing and IRB policies at The Ohio State University.

The health policy experts were asked to complete the survey after they reviewed the website. The recruitment script was distributed to each potential expert via e-mail, and contained a hyperlink to the survey and website (see Appendices C, D, E, F, and G). Each health policy expert was required to use the generic username and password provided in the recruitment script to login to Qualtrics©. This username and password was not uniquely assigned, but was shared among all experts and was created for limiting

survey access to only the experts. The survey launched once the expert entered the appropriate login, and began on page one with a brief introduction and directions.

The survey contained six multiple-choice questions, one narrative response question, one comment box, and one demographic question pertaining to the expert's length of health policy experience (see Appendices H and I). Four multiple-choice questions were rated on a 4-point scale using the following mutually exclusive categories: "not at all clear," "somewhat clear," "moderately clear," and "completely clear." Higher scores indicate more clarity. This type of scale is an effective approach when measuring opinions. The following four questions used the 4-point rating scale:

- How clearly does the webmaster explain the role of the APRN?
- How clearly does the webmaster explain the educational background of APRNs?
- How clearly does the webmaster explain the licensing requirements for APRNs in Ohio?
- How clearly does the webmaster explain the economic importance of APRNs?

Two dichotomous questions addressed the accuracy and the importance of the content and required a "yes" or "no" response.

- Does the website contain accurate information?
- Does the website contain the essential information that a state legislator needs to know about APRNs in Ohio?

Those who responded "no" to the questions were asked to further explain their response by typing their comments in the box accompanying each question (see Appendix I). The last two items were open-ended statements and were included to enrich the survey responses:

- What changes, if any, do you think are needed to improve the website?
- Please feel free to provide any additional comments regarding the website.

The comment box was provided at the end of the survey to allow the health policy expert to freely type any additional comments regarding the website that may not have been captured in the survey. The survey responses were separated according to the expert's uniquely established Internet provider address.

Only one survey response was permitted per expert. Reviewing the website and completing the survey was expected to take approximately 30 minutes. The above procedures were appropriate given the project design and nature of the survey (Stommel & Wills, 2004).

Anticipated barriers to the project include the inability to gain access to the potential health policy expert panel due to their lack of interest, time, or simple refusal. The use of standardized protocols helps to decrease errors, reduce bias, maintain consistency, and ensure completeness of the survey (Stommel & Wills, 2004). To help ensure that the survey responses collected by the DNP student were of high quality, a process consisting of discussions with and guidance from the DNP guidance committee members were held on a regular basis to identify potential problems, such as with any of the following: recruitment, survey questions, or potential health policy experts (Stommel & Wills, 2004).

Confidentiality was maintained in all forms of data collection throughout the project. Data was maintained in a secure, locked location, and password protected to maintain confidentiality throughout the entire project. The data are stored in electronic form on the secure research (R:) drive on the College of Nursing server, which meets IRB standards for data security and storage. Only those authorized, including the DNP guidance committee members, and others per The Ohio State University, College of Nursing policy have access to the data. Records will be stored, archived, and later destroyed in compliance with The Ohio State University policies.

### **Content Analysis**

Content analysis was used to interpret the results of the survey and content validity assessment was used to assess the validity of the content included on the website. An acceptable level of consensus, level of significance, and recommended threshold was determined based on the approach used and the number of health policy experts on the panel (Lynn, 1986; Polit & Beck, 2006). Each question was analyzed based on the response or rating provided by each member of the health policy expert panel. The data analysis was generated using Qualtrics© software (Version 62101) of the Qualtrics Research Suite (2015). The use of the analyze and report feature in Qualtrics© assisted in determining group percentages of ratings on each item, followed by an item-by-item analysis. Graphical and numerical summaries of the

survey responses were incorporated into the results. Any non-response to a question or response similar to “do not know” was inspected for missing data patterns to assess if there was a pattern to “do not know” responses or missing responses. Patterns to missing data were analyzed to see if other variables are associated with missing and “do not know” responses.

A Content Validity Index (CVI) was calculated for each of the four items using the 4-point scale to determine general agreement among experts (Polit & Beck, 2006; Polit, Beck, & Owen, 2007). Each point on the 4-point scale was assigned a numerical value (1 = “not at all clear”; 2 = “somewhat clear”; 3 = “moderately clear”; 4 = “completely clear”). An item-level content validity index (I-CVI) was calculated for each of the four items. The number of experts rating the clarity as a 3 or 4 (moderately clear or completely clear) was divided by the total number of experts (n) to determine the individual item CVI. Based on the number of health policy experts and recommendations by Polit and Beck (2006), the pre-established minimum criterion of acceptability was determined to be an I-CVI = .78 or higher.

The scale-level content validity index (S-CVI) was calculated in two different ways. First, through the universal agreement (UA) or S-CVI/UA method by determining the proportion of items that achieved a rating of 3 or 4 (in this case, moderately clear to completely clear) by every health policy expert. Polit and Beck (2006) argued that the S-CVI/UA method is “overly stringent” (p. 495) when there are many experts on the panel, and that the likelihood of achieving universal agreement decreases as the number of experts increases. The second method, which is less conservative, averages the four item-level CVIs to determine the S-CVI. This is referred to as the S-CVI/Ave method and is determined by computing the CVI for each individual item, which is then averaged across all items (Polit & Beck, 2006). Based on the number of experts, a pre-established minimum criterion of acceptability was determined to be an S-CVI/UA of 0.80 and an S-CVI/Ave of .90 or higher (Lynn, 1986; Polit & Beck, 2006). Although both methods were used to calculate the S-CVI for analysis purposes, the S-CVI/Ave calculation was used to determine overall content validity.

The results from the CVI were used to help determine if the website has an acceptable degree of validity, and if the content is accurate, clear, and relevant. Narrative responses were coded for key

themes and analyzed for applicability, insight, and suggested revisions to the website. All narratives were compiled in a summary table in the manner they were received. Suggestions provided through feedback from the health policy expert panel were used to revise the website.

## Chapter Four: Findings

### Results

Eight health policy experts were invited via e-mail to participate in reviewing the website and complete the survey. Seven experts agreed to participate on the health policy expert panel (see Figure 7). Three experts responded the first day (May 5, 2015) that data were collected (see Figure 8). Seven days from the initial recruitment script, a reminder e-mail was sent to all eight potential health policy experts. One additional expert responded on the seventh day (May 12, 2015) (see Figure 8). The final reminder e-mail was sent fourteen days from the initial recruitment script, and two experts responded the same day (May 19, 2015) (see Figure 8). One expert responded the third week (May 23, 2015) (see Figure 8). The survey durations (or length of time it took the expert to complete the survey) ranged from 2 minutes to 90 minutes (see Figures 9 and 10). The average duration (mean) was 21 minutes, which was less than the estimated time of 30 minutes stated in the recruitment script. The survey was voluntary and experts did not receive compensation for completing the survey.

**Question 1: Does the website contain accurate information?** All seven of the health policy experts provided a response for the item (see Figure 11). Six experts responded *yes* to the question. One expert (Expert #2) responded *no*. The expert who responded *no* provided additional comments (see Table 6). The expert's comments, in general, pertained to the CRNA scope of practice not being current, the number of CRNA programs in Ohio is seven (and not six), and an outdated CRNA scope of practice document accessible from one of the website's hyperlinks. Despite the one *no* response to the question, there was general agreement among the experts that the website contains accurate information.

**Question 2: How clearly does the webmaster explain the role of the APRN?** All seven of the health policy experts provided a rating for the item (see Figure 12). Four experts rated it as *completely clear* and three experts rated it as *moderately clear*. Six out of seven experts must rate this item as *moderately clear* or *completely clear* in order to establish content validity beyond the 0.05 level of significance (yielding a CVI of .86) (Lynn, 1976). The CVI for the item was 1.00, which meets this threshold (see Table 7).

**Question 3: How clearly does the webmaster explain the educational background of APRNs?** All seven of the health policy experts provided a rating for the item (see Figure 13). Five experts rated it as *completely clear* and two experts rated it as *moderately clear*. Six out of seven experts must rate this item as *moderately clear* or *completely clear* in order to establish content validity beyond the 0.05 level of significance (yielding a CVI of .86) (Lynn, 1976). The CVI for the item was 1.00, which meets this threshold (see Table 7).

**Question 4: How clearly does the webmaster explain the licensing requirements for APRNs in Ohio?** All seven of the health policy experts provided a rating for the item (see Figure 14). Five experts rated it as *completely clear* and two experts rated it as *moderately clear*. Six out of seven experts must rate this item as *moderately clear* or *completely clear* in order to establish content validity beyond the 0.05 level of significance (yielding a CVI of .86) (Lynn, 1976). The CVI for the item was 1.00, which meets this threshold (see Table 7).

**Question 5: How clearly does the webmaster explain the economic importance of APRNs?** All seven of the health policy experts provided a rating for the item (see Figure 15). Four experts rated it as *completely clear* and three experts rated it as *moderately clear*. Six out of seven experts must rate this item as *moderately clear* or *completely clear* in order to establish content validity beyond the 0.05 level of significance (yielding a CVI of .86) (Lynn, 1976). The CVI for the item was 1.00, which meets this threshold (see Table 7).

**Question 6: Does the website contain the essential information that a state legislator needs to know about APRNs in Ohio?** All seven of the health policy experts responded *yes* to the item (see Figure 16). The experts unanimously agreed that the website contains the essential information that a state legislator needs to know about APRNs in Ohio.

**Question 7: What changes, if any, do you think are needed to improve the website?** All seven of the health policy experts provided written comments to the item. The complete set of written comments is provided in Table 8.



**Question 8: Please feel free to provide any additional comments regarding the website?** Six of the health policy experts provided written comments to the item. One health policy expert (Expert #7) did not provide any additional comments. The complete set of comments is provided in Table 9.

**Scale Content Validity Index (S-CVI).** The S-CVI was calculated using both the average method (S-CVI/Ave) and the universal agreement method (S-CVI/UA). The S-CVI/UA was calculated to be 1.00, and the S-CVI/Ave was calculated to be 1.00. Both methods meet the recommend threshold of 0.80 and 0.90, respectively.

### **Website Revisions**

The website was revised based on the specific feedback from the seven health policy experts. One health policy expert (Expert #2) stated that the CRNA scope of practice was neither current nor substantive (see Tables 6 and 8). The expert referenced the language for the national (rather than the state) CRNA scope of practice, which was updated in 2013 by the American Association of Nurse Anesthetists (AANA). While the website content for the CRNA scope of practice was consistent with the Ohio Revised Code (law) and Ohio Administrative Code (rules), the language was revised and content was added on the CRNA page to the extent possible, so that it remains consistent with state law and rules. The same expert (Expert #2) commented that the “Learn more about the CRNA scope of practice” hyperlink on the CRNA page was outdated. This hyperlink connected directly to the AANA website, and displayed the document, “2005 AANA Scope of Nurse Anesthesia Practice.” When the OhioAPRN.com website was created, the only document available on the AANA website was the older 2005 version. The hyperlink was subsequently updated and links to the most current (or 2013) version of the document on the AANA website.

Based on one health policy expert’s (Expert #2) comment, the website was updated to reflect seven (rather than only six) nurse anesthesia programs in Ohio (see Table 6). One health policy expert (Expert #2) commented that the total number of CRNAs in Ohio was outdated (see Table 6). When the website was created, the nursing numbers (for all four types of APRNs) were current as of December 31, 2014, per the Ohio Board of Nursing. Based on the expert’s comment and the availability of updated

nursing numbers from the Ohio Board of Nursing, the numbers for each APRN role type were changed to reflect the increase in numbers as of May 1, 2015. While one expert (Expert #5) commented that the website is “not overwhelming,” two experts (Experts #3 and #6) commented the content “may be overwhelming” and “sometimes there is too much information that may confuse the reader” (see Table 8). Based on the experts’ comments, all duplicate information and links were removed from the website to minimize the content.

One expert (Expert #2) commented about being curious why the words “supervision,” “collaboration,” and “standard care arrangement” were underlined (see Table 6). The expert stated, “it seems to call negative attention to these phrases and possibly raises a red flag as to making more of this than is necessary in the APRN practice.” The words the expert referred to are definition hypertexts that are meant to provide further explanation of the terms when selected (or clicked). The website template and associated color theme was previously established by GoDaddy.com®. Because of this, the color of the hyperlinks was defaulted to gray, rather than the customary blue. Based on the expert’s comments, the website was revised so that all hyperlinks reflect the customary blue color. By incorporating this change, it is expected that the user will be more familiar with the use and purpose of the hypertext. Three additional links to articles pertaining to CRNA practice were added, as suggested by one expert (Expert #2) (see Table 8). One expert (Expert #3) recommended that the word “section” be changed to “chapter” in reference to the Ohio Administrative Code on the prescriptive authority page (see Table 8). This change was also made.

Lastly, two photographs on the website were replaced to allow for ones that represent a more culturally diverse population. This change was incorporated into the website based upon the recommendation of one DNP guidance committee member. Several experts’ comments were not addressed when revising the website. For example, one expert’s (Expert #2) comments pertained to the outdated information in the educational pamphlet, “Certified Registered Nurse Anesthetists: Quality Anesthesia for 150 Years,” designed by Milosh (2013) (see Tables 6 and 8). While permission to use this pamphlet was obtained, revision to the pamphlet was not. The author of the pamphlet later agreed (A.

Milosh, June, 25, 2015, personal communication) to update the pamphlet. The newer pamphlet will replace the older version on the website, as soon as it is received. Other comments pertained to the differences between acute and primary care CNPs, APRN certification, and APRN credentials (see Tables 6 and 8). While the experts' comments are valuable, time limitations prevented these changes from being incorporated and will be part of future website revisions.

## **Discussion**

APRNs in Ohio have advocated for the removal of legislative barriers that restrict their practice, which would allow them to practice similar to APRNs in other states who have full practice authority. In doing so, APRNs participate in the health policy process by providing time-sensitive and other important information legislators need to make decisions including, but not limited to, information about the APRN role and scope of practice (Abood, 2007). Determining the ideal time and best method for presenting information that is freely available to legislators is a challenge (Wilcox, Weisz, & Miller, 2005). Only a limited number of online resources exist that contain accurate, up-to-date information specifically about Ohio APRNs. The website was created to help inform legislators' about APRNs and their scope of practice in Ohio. Ohio legislators who are better informed will greatly assist APRNs who endeavor to be successful in passing legislation that allows APRNs to practice to their full scope of practice (Graham, 2010).

The results of the content validity analysis demonstrated that the information contained within the website had an acceptable degree of validity. Regardless of the S-CVI method (S-CVI/UA or S-CVI/Ave) used, the calculation did not vary and both met the acceptable threshold of 1.00 (Lynn, 1986; Polit & Beck, 2006). The results from this content validity analysis suggest that the content contained in the website is relevant, clear, and accurate. The experts' comments provided specific insight into how the material may be received by legislators. Some health policy experts offered specific suggestions on how to improve the website. Several minor revisions were made to the website to improve legislators' reception of the information.

**Conclusions**

The website developed in this project is accurate and appropriate, and contains the essential information necessary to inform state legislators about the role and scope of practice for the four types of APRNs that are legally recognized in Ohio: (a) CNP, (b), CRNA, (c) CNM, and (d) CNS. Based on the health policy expert panel opinions, the website content was found to clearly explain the role of the APRN, the educational background, and licensing requirements of APRNs as well as the economic importance of APRNs in Ohio. The website may now be used for future APRN advocacy efforts at the state level.

### **Chapter Five: Project Summary**

This DNP project had two main objectives. The first objective was to develop a website that contains accurate, evidence-based information about APRNs, and the important role they play in delivering safe, cost-effective, and quality health care in Ohio. An informational website (OhioAPRN.com) was developed that contains role and scope of practice information about the four types of APRNs that are legally recognized in Ohio: (a) CNP, (b), CRNA, (c) CNM, and (d) CNS. This website is intended to be used in the future to advocate for the full practice authority of APRNs in Ohio.

The second objective was to validate the contents of the website using a panel of health policy experts. A content validity assessment was completed by an expert panel of seven experts, each with health policy experience in the area of APRNs and the state legislative process in Ohio. The website was found to have an appropriate level of content validity. Based on the experts' comments, minor revisions to the website were made to increase clarity and provide more specific information.

#### **Limitations**

This project had several limitations. Content validity was established using a panel of seven health policy experts who are all known professionally to the DNP student. This may have led to some personal bias when evaluating the website for validity. Expanding the health policy expert panel to include experts in APRN practice, policy, and advocacy who are unknown to the DNP student may eliminate this possibility of bias. In addition, it would have been especially helpful to have a member of the intended audience (i.e., Ohio legislators and their aides) provide expert feedback to validate the content of the website. Expanding the panel to include experts unknown to the DNP student as well as state legislators and one or more consumers (who are not from a health care background) may have yielded results that are more accurate.

The small number of health policy experts on the panel may be a limitation. Polit, Beck, and Owen (2007) recommend a large panel of 8-12 experts when initially validating content. However, the high level of expert consensus about the website content is encouraging for moving forward and further refining the website based on this project. While the response rate was acceptable for this project, the

reason one potential expert did not respond to the survey is not known. An incorrect e-mail address may have affected the response rate. In addition, some experts may have had different computer skill sets and been more comfortable answering online survey questions or navigating the website. Although one expert (Expert #4) responded as having 0-5 years of experience in health care policy may be seen as a limitation, the DNP student is aware, from previous discussions with all potential health policy experts, that all experts have a minimum of five years of experience.

“One concern that has been raised by the CVI is that it is an index of interrater agreement that simply expresses the proportion of agreement, and agreement can be inflated by chance factors” (Polit & Beck, 2006, p. 491). The CVI does not adjust for chance agreement and collapses experts’ multipoint ordinal ratings into two categories (i.e., “moderately clear” and “completely clear,” in this case). Therefore, increasing the number of items on the survey or increasing the number of experts on the health policy expert panel may be helpful. In addition, computing another statistic, such as the multirater kappa coefficient may yield an index of agreement beyond chance agreement (Polit & Beck, 2006).

Several sources of bias may have occurred including the survey questions themselves or the formatting of the questions, or the accuracy and interpretability of the responses. Consideration should be given whether the survey captured and included a comprehensive set of items to adequately measure the construct of interest. The survey’s reliability and validity as a new instrument is necessary to consider in drawing conclusions about the website’s quality (Polit & Beck, 2006). For example, the degree to which the survey adequately and appropriately samples items being measured and whether or not the items adequately represented the content addressed by the website may have limited or biased the results (Polit & Beck, 2006).

Lastly, developing a website about APRNs and their scope of practice is time intensive and requires knowledge of and experience in website design. Some APRNs may seek out experienced designers; however, this will likely incur significant costs. Clarifying health policy experts’ computer and Internet skill level prerequisites is not explicitly included as a step in the stages of content analysis model (see Figure 6); however, it may play a critical role in the development of similar projects.

**Implications for Nursing Practice and to the DNP Essentials**

This DNP project specifically addressed Essential III, Essential IV, and Essential V of the DNP Essentials (AACN, 2006). However, all eight of the DNP Essentials in some way apply to or impact the objectives of this project:

- *Essential I: Scientific Underpinnings for Practice*
- *Essential II: Organizational and Systems Leadership for Quality Improvement and Systems Thinking*
- *Essential III: Clinical Scholarship and Analytical Methods for Evidence-Based Practice*
- *Essential IV: Information Systems/Technology and Patient Care Technology for the Improvement and Transformation of Health Care*
- *Essential V: Health Care Policy for Advocacy in Health Care*
- *Essential VI: Interprofessional Collaboration for Improving Patient and Population Health Outcomes*
- *Essential VII: Clinical Prevention and Population Health for Improving the Nation's Health*
- *Essential VIII: Advanced Nursing Practice*

Health policy advocacy is fundamental to the professional practice of nursing. Nursing leaders, including APRNs and DNP graduates, are often viewed as role models and have the ability to influence others regarding the implementation, use, and sustainability of health policy. In this project, technology was used to build and distribute the survey and analyze the data as well as to design and create a website. Although Cmap (2014) software was freely available, there was a learning curve necessitating a level of proficiency to design the website template. The Qualtrics© (2015) survey software was freely available to the DNP student and easy to use. However, significant costs may be incurred by those not affiliated with academia or other institution already using the product. While the DNP student had a basic understanding of website design before starting the project, the website was the student's first creation.

All in all, this was a significant undertaking and the inevitable challenges of designing a website and survey from scratch contributed to a substantial increase in the DNP student's comfort level with these forms of technology from beginning to end of the project.

APRNs, who are DNPs, are educationally prepared to seek opportunities to effectively impact health policy at all levels. As legislators and their aides have begun to embrace society's technological advances, they are also evolving in the ways they communicate with their constituents through the use of the Internet and social media (Ohio LSC, 2013). APRNs need to do the same by assuming a position to lead change and redesigning the way in which they educate legislators and legislative aides about their role and scope of practice. Incorporating new and innovative ways of using best evidence and technology to reshape our future as it relates to how we educate online state legislators will enhance the policymaking process and provide timely access to relevant information that is accurate and up-to-date as legislators who are better informed will greatly assist APRNs who endeavor to be successful in passing legislation. These advances, which are critical for nursing's advancement in the health care policy arena, can move the legislature to pass laws that will allow APRNs to practice to their full scope and remove the barriers to providing quality care to their patients. The website, OhioAPRN.com, is a new and innovative way, using the best evidence and latest technology for impacting change and reshaping the future of nursing as it relates to how we educate online state legislators about APRNs, their scope of practice, and the important role they play in delivering safe, cost-effective, and quality health care in Ohio.

### **Future Steps**

The DNP student will disseminate the findings from this project through poster and oral presentations at state and national health care-related conferences. Publication of the results in peer reviewed journals that relate to nursing and health policy will be sought. Permission will be requested to display a link to the website on other state organizational websites, such as COHCA, OSANA, Ohio NAPNAP, and OAAPN. As suggested by one expert (Expert #2), dissemination will not be limited to only the target audience, state legislators and their aides (see Table 9). The link to the website will be shared via e-mail with others, including the Ohio Department of Health (ODH), Health Policy Institute of



Ohio (HPIO), Ohio Department of Insurance (ODI), Ohio Department of Medicaid, Office of the Ohio Governor, and Ohio Hospital Association (OHA). In addition, the DNP student will attempt to work with nursing programs in Ohio to solicit the help of APRN and DNP students in maintaining and sustaining the website. Donations, scholarships, and grants will be sought at the state and national levels to help fund the cost of the website.

## References

- Abood, S. (2007). Influencing health care in the legislative arena. *Online Journal of Issues in Nursing*, 12(1). doi: 10.3912/OJIN.Vol12No01Man02
- American Association of Colleges of Nursing. (2006). *The Essentials of Doctoral Education for Advanced Nursing Practice*. Washington, DC: Author. Retrieved from <http://www.aacn.nche.edu/publications/position/DNPEssentials.pdf>
- American Nurses Association. (2015). *Code of Ethics for Nurses with Interpretative Statements*. Silver Spring, MD: Author. Retrieved from <http://www.nursingworld.org/MainMenuCategories/EthicsStandards/CodeofEthicsforNurses/Code-of-Ethics-For-Nurses.html>
- American Nurses Association. (2010). *Nursing's Social Policy Statement: The Essence of the Profession* (3<sup>rd</sup> ed.). Silver Spring, MD: Author.
- APRN Joint Dialogue Group (2008, July 7). Consensus Model for APRN Regulation: Licensure, Accreditation, Certification, and Education. Retrieved from National Council of State Boards of Nursing website [https://www.ncsbn.org/Consensus\\_Model\\_Report.pdf](https://www.ncsbn.org/Consensus_Model_Report.pdf)
- Ballantini, K. M., & Chamberlain, D. A. (2009). *Missouri legislators' knowledge of the professional role of certified registered nurse anesthetists* (Master's thesis). Available from ProQuest Dissertations and Theses database. (UMI No. 1478694).
- Bowser, J. D., Chi, K. S., & Little, T. H. (2006, August). *Coping with Term Limits: A Practical Guide*. Retrieved from National Conference of State Legislatures website: [http://www.ncsl.org/documents/pubs/coping\\_with\\_term\\_limits.pdf](http://www.ncsl.org/documents/pubs/coping_with_term_limits.pdf)
- Brekken, S. A., & Evans, S. (2011). Strategies for opening the nurse practice act. *Journal of Nursing Regulation*, 1(4), 32-36.
- Brenner, J., & Smith, A. (2013, August 5). 72% of online adults are social networking site users. Retrieved from Pew Research Center website: [http://www.pewinternet.org/files/old-media/Files/Reports/2013/PIP\\_Social\\_networking\\_sites\\_update\\_PDF.pdf](http://www.pewinternet.org/files/old-media/Files/Reports/2013/PIP_Social_networking_sites_update_PDF.pdf)

- Churches, M. (2000). Why we need to educate legislators about our profession. *Michigan Nurse*, 73(5), 27-28. Retrieved from <http://web.a.ebscohost.com.proxy.lib.ohio-state.edu/ehost/de...4206&bdata=JnNpdGU9ZWWhvc3QtG12ZQ%3d%3d#db=rzh&AN=2000047377>
- Cook, D. A., & Dupras, D. M. (2004). A practical guide to developing effective web-based learning. *Journal of General Internal Medicine*, 19(6), 698-707. doi: 10.1111/j.1525-1497.2004.30029.x
- Cmap. (2014). CmapTools (Version 6.01) [Computer software]. Pensacola, FL: Institute for Human and Machine Cognition: A University Affiliated Research Institute. Retrieved from <http://cmap.ihmc.us>
- Creating the Primary Care Workforce We Need*, 130<sup>th</sup> Ohio General Assembly, Ohio Senate Finance Medicaid Subcommittee (2013, April 30) (testimony of Christine Williams). Retrieved from OAAPN website: [http://www.oaapn.org/images/easyblog\\_images/3124/OAAPN-Testimony-Workforce-Shortage-April-2013.pdf](http://www.oaapn.org/images/easyblog_images/3124/OAAPN-Testimony-Workforce-Shortage-April-2013.pdf)
- DiChiacchio, T. (2014). *An evidence based web intervention to facilitate nurse practitioner participation in the policy making process related to scope of practice* (Doctoral dissertation). Available from ProQuest Dissertations and Theses database. (UMI No. 3618096)
- Eaton, M. K. (2012). Professional advocacy: Linking Virginia's story to public policy-making theory, learning from the past and applying it to our future. *Policy, Politics, & Nursing Practice*, 13(2), 105-112. doi: 10.1177/1527154412449746
- Ewing, J., & Hinkley, K. N. (2013, April). Meeting the primary care needs of rural America examining the role of non-physician providers. *The Rural Health Connection*, 1-6. Retrieved from National Conference of State Legislatures website: <http://www.ncsl.org/documents/health/RuralBrief313.pdf>
- Fuchs, J. (2009, June 3). Presentation to House Health Committee, *Adding Schedule II Drugs to the APN Formulary* [PowerPoint slides].
- Gilman, D. J., & Koslov, T. I. (2014, March). *Policy Perspectives: Competition and the Regulation of*

- Advanced Practice Nurses*. Retrieved from Federal Trade Commission website:  
<http://www.ftc.gov/system/files/documents/reports/policy-perspectives-competition-regulation-advanced-practice-nurses/140307aprnpolycypaper.pdf>
- Glazer, G. (2001). Legislative: Post-election golden opportunity. *Online Journal of Issues in Nursing*, 6(2). Retrieved from  
<http://www.nursingworld.org/MainMenuCategories/ANAMarketplace/ANAPeriodicals/OJIN/TbleofContents/Volume62001/No2May01/PostElection.aspx>
- GoDaddy.com. (n.d.). 10 tips for choosing the right domain name. *Small Business Center: Articles Library*. Retrieved from <https://www.godaddy.com/business/10-tips-for-choosing-the-right-domain-name.aspx>
- Graham, M. C. (2010). Advocacy in practice: Get to know your legislators. *The Nurse Practitioner: The American Journal of Primary Healthcare*, 35(12), 9.  
doi: 10.1097/01.NPR.0000390441.43746.7d
- Green, J. C., Marquette, J., & Farmer, R. (n.d.). *Assessing legislative term limits in Ohio*. Retrieved from Ray C. Bliss Institute of Applied Politics website:  
<http://www.uakron.edu/bliss/research/archives/2002/AssessingLegislativeTermLimitsinOhioV.pdf>
- Grorud-Colvert, K., Lester, S. E., Airamé, S., Neeley, E., & Gaines, S. D. (2010). Communicating marine reserve science to diverse audiences. *Proceedings of the National Academy of Sciences*, 107(43), 18306-18311. doi: 10.1073/pnas.0914292107
- Gutchell, V., Idzik, S., & Lazear, J. (2014). An evidence-based path to removing APRN practice barriers. *The Journal for Nurse Practitioners*, 10(4), 255-261. doi: 10.1016/j.nurpra.2014.02.005
- Hall-Long, B. (2009). Nursing and public policy: A tool for excellence in education, practice, and research. *Nursing Outlook*, 57(2), 78-83. doi:10.1016/j.outlook.2009.01.002
- Hansen-Turton, T., Ritter, A., & Valdez, B. (2009). Developing alliances: How advanced practice nurses became part of the prescription for Pennsylvania. *Policy, Politics, & Nursing Practice*, 10(1),

7-15. doi: 10.1177/1527154408330206

Health Resources and Services Administration, U.S. Department of Health and Human Services.

(2015, January 1). *Find Shortage Areas: HPSA by State and County* [Ohio, All Counties].

Retrieved from <http://hpsafind.hrsa.gov>

Institute of Medicine. (2010). *The future of nursing: Leading change, advancing health*.

Retrieved from The National Academies Press website:

[http://www.nap.edu/catalog.php?record\\_id=12956#toc](http://www.nap.edu/catalog.php?record_id=12956#toc)

Kingdon, J. W. (2011). *Agendas, alternatives, and public policies* (2<sup>nd</sup> ed.). Boston: Longman.

Kerschner, S. W., & Cohen, J. A. (2002). Legislative decision making and health policy: A

phenomenological study of state legislators and individual decision making. *Policy, Politics, & Nursing Practice*, 3(2), 118-128. doi: 10.1177/152715440200300205

Leavitt, J. K. (2009). Leaders in health policy: A critical role for nursing. *Nursing Outlook*,

57(2), 73-77. doi:10.1016/j.outlook.2009.01.007

Lindenthal, T. (2014). Valuable words: The price dynamics of Internet domain names. *Journal of the*

*Association for Information Science and Technology*, 65(5), 869-881. doi: 10.1002/asi.23012

Lynn, M. R. (1986). Determination and quantification of content validity. *Nursing Research*, 35(6),

382-386. Retrieved from

<http://ovidsp.ovid.com/ovidweb.cgi?T=JS&PAGE=reference&D=ovfta&NEWS=N&AN=00006199-198611000-00017>

Madler, B. J., Kalanek, C. B., & Rising, C. (2014). Gaining independent prescriptive practice: One

state's experience in adoption of the APRN Consensus Model. *Policy, Politics, & Nursing Practice*, 15(3-4), 111-118. doi: 10.1177/1527154414562299

Manning, M. L., & Grosso, D. (2011). Doctor of nursing practice students advocating for health care

access, quality, and reform: From the virtual classroom to Capitol Hill. *Journal of Nursing Education*, 50(1), 14-20. doi:10.3928/01484834-20101029-05

Martsolf, G. R., Auerbach, D. I., & Arifkhanova, A. (2015). *The impact of full practice authority for*

- nurse practitioners and other advanced practice registered nurses in Ohio*  
(Research Report RR-848-OAAPN). Retrieved from RAND Corporation website:  
[http://www.rand.org/pubs/research\\_reports/RR848.html](http://www.rand.org/pubs/research_reports/RR848.html)
- Mathews, B. P., Boland, M. G., & Stanton, B., K. (2010). Removing the barriers to APRN practice in the state of Hawaii. *Policy, Politics, & Nursing Practice*, 11(4), 260-265.  
doi: 10.1177/1527154410383158
- Milosh, A. (2013). *Development of an educational tool for state legislators regarding CRNA practice* (Doctoral dissertation). Retrieved from Knowledge Bank website: <http://hdl.handle.net/1811/55030>
- Milstead, J. A. (2016). Advanced practice registered nurses and public policy, naturally. In Author (5th ed.), *Health Policy and Politics: A Nurse's Guide* [Kindle 1.10.6 version]. Retrieved from Amazon.com
- Morano, S. (2007). Opening the doors to the statehouse: Get to know Senator Sue Morano. *Ohio Nurses Review*, 82(2), 1, 9.
- National Council of State Boards of Nursing. (2014, May). *NCSBN's APRN Campaign for Consensus: State Progress toward Uniformity*. Retrieved from <https://www.ncsbn.org/5397.htm>
- National Conference of State Legislatures. (2013, February 11). *The Term-Limited States*. Retrieved from <http://www.ncsl.org/research/about-state-legislatures/chart-of-term-limits-states.aspx>
- National Conference of State Legislatures. (2014, December 29). *Legislative Social Media Sites*. Retrieved from <http://www.ncsl.org/research/telecommunications-and-information-technology/legislative-social-media-sites.aspx>
- National Governor's Association. (2012). *The Role of Nurse Practitioners in Meeting Increasing Demands for Primary Care*. Retrieved from <http://www.nga.org/files/live/sites/NGA/files/pdf/1212NursePractitionersPaper.pdf>
- Newhouse, R. P., Stanik-Hutt, J., White, K. M., Johantgen, M., Bass, E. B., Zangaro, G., Wilson, R. F., Fountain, L., Steinwachs, D. M., Heindel, L., & Weiner, J. P. (2011). Advanced Practice Nurse Outcomes 1990-2008: A Systematic Review. *Nursing Economics*, 29(5), 230-251. Retrieved

- from <http://www.nursingeconomics.net/ce/2013/article3001021.pdf>
- Nurse Practice Act, 47 Ohio Rev. Code. § 4723.481 (2015), available at <http://codes.ohio.gov/orc/4723.481>
- Nurse Practice Act, 47 Ohio Rev. Code. § 4723.01 (2013a), available at <http://codes.ohio.gov/orc/4723.01>
- Nurse Practice Act, 47 Ohio Rev. Code. § 4723.03 (2013b), available at <http://codes.ohio.gov/orc/4723.03>
- Nurse Practice Act, 47 Ohio Rev. Code. § 4723.43 (2013c), available at <http://codes.ohio.gov/orc/4723.43>
- Ohio Const. art. II, § 2 (1967, am. 1992), available at <https://www.legislature.ohio.gov/Assets/Laws/Constitution.pdf>
- Ohio Association of Advanced Practice Nurses. (2010). *History*. Retrieved on September 13, 2010 from <http://www.aaapn.org/history.php>
- Ohio Association of Advanced Practice Nurses. (n.d.). *Challenges: Addressing What Matters Most to APRNs*. Retrieved on March 20, 2015 from <http://www.aaapn.org/index.php/challenges>
- Ohio Legislative Service Commission. (2013). *A Guidebook for Ohio Legislators* (13<sup>th</sup> ed.). Retrieved from <http://www.lsc.ohio.gov/guidebook/guidebook13.pdf>
- Ohio Legislative Service Commission. (2014, September 5). Status Report of Legislation: 126<sup>th</sup>-130<sup>th</sup> General Assembly. Retrieved from <http://www.lsc.ohio.gov/statusreport/default.htm>
- Ohio Nurses Association. (n.d.). *Nurses Day at the Statehouse 2015*. Retrieved from <http://ohiondash.com>
- Olsan, T. H., Bianchi, C., White, P., Glessner, T., & Mapstone, P. L. (2011). Finding electronic information for health policy advocacy: A guide to improving search results. *Journal of the American Academy of Nurse Practitioners*, 23(12), 648-658.  
doi: 10.1111/j.1745-7599.2011.00670.x
- Phillips, S. J. (2015). 27<sup>th</sup> annual APRN legislative update: Advancements continue for APRN practice.

- The Nurse Practitioner: The American Journal of Primary Healthcare*, 40(1), 16-42.  
doi: 10.1097/01.NPR.0000457433.04789.ec
- Polit, D. F., & Beck, C. T. (2006). The content validity index: Are you sure you know what's being reported? Critique and recommendations. *Research in Nursing & Health*, 29(5), 489– 497.  
doi: 10.1002/nur.20147
- Polit, D. F., Beck, C. T., & Owen, S. V. (2007). Is the CVI an acceptable indicator of content validity? Appraisal and recommendations. *Research in Nursing & Health*; 30(4), 459-467.  
doi: 10.1002/nur.20199
- Pruitt, R. H., Wetsel, M. A., Smith, K. J., & Spitler, H. (2002). How do we pass NP autonomy legislation? *The Nurse Practitioner*, 27(3), 56-65.
- Qualtrics. (2015). Qualtrics software (Version 62101) [Computer software]. Provo, UT: Qualtrics Research Suite. Retrieved from <http://osu.qualtrics.com/>
- Ressler, P. K., & Glazer, G. (2010). Legislative: Nursing's engagement in health policy and healthcare through social media. *Online Journal of Issues in Nursing*, 16(1).  
doi: 10.3912/OJIN.Vol16No01LegCol01
- Ridenour, N., & Trautman, D. (2009). A primer for nurses on advancing health reform policy. *Journal of Professional Nursing*, 25(6), 358–362. doi:10.1016/j.profnurs.2009.10.003
- Rigolosi, R., & Salmond, S. (2014). The journey to independent nurse practitioner practice. *Journal of the American Association of Nurse Practitioners*, 26(12), 649-657. doi:  
10.1002/2327-6924.12130
- Sabatier, P., & Whiteman, D. (1985). Legislative decision making and substantive policy information: Models of information flow. *Legislative Studies Quarterly*, 10(3), 395-421. Retrieved from <http://www.jstor.org/stable/440038>
- Sheehan, A. (2010). The value of health care advocacy for nurse practitioners. *Journal of Pediatric Health Care*, 24(4), 280-282. doi:10.1016/j.pedhc.2010.04.001
- Short, N. M. (2008). Influencing health policy: Strategies for nursing education to partner with nursing



- practice. *Journal of Professional Nursing*, 24(5), 264-269. doi:10.1016/j.profnurs.2007.10.004
- Society for Public Health Education. (2012, November 5). *Guide to Effectively Educating State and Local Policymakers*. Retrieved from <http://www.flipsnack.com/ABF88858B7A/fzc3wnjh.html>
- Solarz, A. L. (2001). Investing in children, families, and communities: Challenges for an interdivisional public policy collaboration. *American Journal of Community Psychology*, 29(1), 1-14. doi: 10.1023/A:1005285425527
- Sorian, R., & Baugh, T. (2002). Power of information: Closing the gap between research and policy. *Health Affairs*, 21(2), 264-273. doi: 10.1377/hlthaff.21.2.264
- Spenceley, S. M., Reutter, L., & Allen, M. N. (2006). The road less traveled: Nursing advocacy at the policy level. *Policy, Politics, & Nursing Practice*, 7(3), 180-194. doi:10.1177/1527154406293683
- Stenersen, S. (2010, February 1). Writing for the legislative audience [Webinar]. Retrieved on March 20, 2015 from the National Conference of State Legislatures website: <http://www.ncsl.org/legislators-staff/legislative-staff/legislative-staff-coordinating-committee/webinar-writing-for-the-legislative-audience.aspx>
- Stommel, M. & Wills, C. E. (2004). *Clinical research: Concepts and principles for advanced practice nurses*. Philadelphia: Lippincott Williams & Wilkins.
- Taft, S. H. & Nanna, K. M. (2008). What are the sources of health policy that influence nursing practice? *Policy, Politics, & Nursing Practice*, 9(4), 274-287. doi:10.1177/1527154408319287
- Teater, B. (2008). Your agenda is our agenda: State legislators' perspectives of interest group influence on political decision making. *Journal of Community Practice*, 16(2), 201-220. doi: 10.1080/10705420801998037
- The Ohio Legislature. (2015). *131<sup>st</sup> General Assembly: Legislator Directory*. Retrieved from <https://www.legislature.ohio.gov/legislators/legislator-directory>
- Upmeyer, L. (2004). Lobbying advice from the inside. *Advance for Nurse Practitioners*, 12(1), 18.

Retrieved from <http://nurse-practitioners-and-physician-assistants.advanceweb.com/Article/Lobbying-Advice-From-the-Inside-3.aspx>

VanBeuge, S. S. & Walker, T. (2014). Full practice authority, effecting change and improving access to care: The Nevada journey. *Journal of the American Association of Nurse Practitioners*, 26(6), 309-313. doi: 10.1002/2327-6924.12116

Verisign. (n.d.a). The global online standard. *About .COM*. Retrieved from [http://www.verisigninc.com/en\\_US/domain-names/com-domain-names/what-is-com/index.xhtml](http://www.verisigninc.com/en_US/domain-names/com-domain-names/what-is-com/index.xhtml)

Verisign. (n.d.b). What does .COM mean? *History behind .COM*. Retrieved from [http://www.verisigninc.com/en\\_US/domain-names/com-domain-names/what-does-com-mean/index.xhtml](http://www.verisigninc.com/en_US/domain-names/com-domain-names/what-does-com-mean/index.xhtml)

Wilcox, B. L., Weisz, P. V., & Miller, M. K. (2005). Practical guidelines for educating policymakers: The family impact seminar as an approach to the advancing the interests of children and families in the policy arena. *Journal of Clinical & Adolescent Psychology*, 34(4), 638-645. doi: 10.1207/s15374424jccp3404\_6

Table 1

*House of Representatives Demographic Data*

District	Name of Representative	Term Limited	Occupation
1	Ron Amstutz <sup>R</sup>	2016*	Former writer, editor, photographer
2	Mark Romanchuk <sup>R</sup>	2020	Small business owner
3	Tim Brown <sup>R</sup>	2020	Former city council member
4	Robert Cupp <sup>R</sup>	2022	Attorney
5	<b>Timothy Ginter<sup>R</sup></b>	2022	Ordained minister
6	Marlene Anielski <sup>R</sup>	2018	Former mayor
7	Mike Dovilla <sup>R</sup>	2018	Small business owner
8	<b>Kent Smith<sup>D</sup></b>	2022	Former board of education member
9	<b>Janine Boyd<sup>D</sup></b>	2022	Former city council member
10	Bill Patmon <sup>D</sup>	2018	Former television news policy analyst
11	<b>Stephanie Howse<sup>D</sup></b>	2022	Environmental engineer
12	John Barnes <sup>D</sup>	2018	Former city tax auditor
13	Nickie Antonio <sup>D</sup>	2018	Teacher
14	<b>Martin Sweeney<sup>D</sup></b>	2022	Former city council member
15	Nicholas Celebrezze <sup>D</sup>	2020	Attorney
16	Nan Baker <sup>R</sup>	2016*	Small business owner
17	Michael Curtin <sup>D</sup>	2020	Retired journalist
18	Michael Stinziano <sup>D</sup>	2018	Attorney
19	Anne Gonzales <sup>R</sup>	2018	Former mayor
20	Heather Bishoff <sup>D</sup>	2020	Small business owner
21	Mike Duffey <sup>R</sup>	2018	Former news reporter
22	David Leland <sup>D</sup>	2022	Attorney
23	Cheryl Grossman <sup>R</sup>	2016*	Former mayor
24	Stephanie Kunze <sup>R</sup>	2020	Former city council member
25	Kevin Boyce <sup>D</sup>	2020	Former Ohio Treasurer of State
26	<b>Hearcel Craig<sup>D</sup></b>	2022	Former city council member
27	Tom Brinkman <sup>R</sup>	2022	Former sales manager
28	<b>Jonathan Dever<sup>R</sup></b>	2022	Attorney
29	Louis Blessing <sup>R</sup>	2020	Engineer
30	Louis Terhar <sup>R</sup>	2020	Teacher
31	Denise Driehaus <sup>D</sup>	2016*	Small business owner
32	<b>Christie Bryant Kuhns<sup>D</sup></b>	2022	Attorney
33	Alicia Reece <sup>D</sup>	2018	Former mayor
34	<b>Emilia Strong Sykes<sup>D</sup></b>	2022	Attorney
35	<b>Greta Johnson<sup>D</sup></b>	2022	Attorney
36	Anthony DeVitis <sup>R</sup>	2020	Small business owner
37	Kristina Roegner <sup>R</sup>	2018	Mechanical engineer
38	Marilyn Slaby <sup>R</sup>	2020	Retired teacher, small business owner
39	Fred Strahorn <sup>D</sup>	2020	Realtor

District	Name of Representative	Term Limited	Occupation
40	Michael Henne <sup>R</sup>	2018	Small business owner
41	Jim Butler <sup>R</sup>	2020	Attorney
42	<b>Niraj Antani<sup>R</sup></b>	2022	Student (school of law)
43	<b>Jeffery Rezabak<sup>R</sup></b>	2022	Attorney
44	Michael Ashford <sup>D</sup>	2018	Former city council member
45	Teresa Fedor <sup>D</sup>	2018	Teacher
46	Michael Sheehy <sup>D</sup>	2022	Former city council member
47	Barbara Sears <sup>R</sup>	2016*	Former small business owner
48	Kirk Schuring <sup>R</sup>	2018	Business (family insurance business)
49	Stephen Slesnick <sup>D</sup>	2016*	Business (family metal business)
50	Christina Hagan <sup>R</sup>	2020	Waitress, HVAC apprentice
51	Wes Retherford <sup>R</sup>	2020	Mortician assistant
52	Margaret Conditt <sup>R</sup>	2020	Former business manager
53	Timothy Derickson <sup>R</sup>	2016*	Former health care administrator
54	<b>Paul Zeltwanger<sup>R</sup></b>	2022	Accountant
55	<b>Nathan Manning<sup>R</sup></b>	2022	Attorney
56	Dan Ramos <sup>D</sup>	2018	Former case worker
57	Terry Boose <sup>R</sup>	2016*	Former county commissioner
58	<b>Michele Lepore-Hagan<sup>D</sup></b>	2022	Former modern dancer
59	Ron Gerberry <sup>D</sup>	2016*	Former county recorder
60	John Rogers <sup>D</sup>	2020	Attorney
61	Ron Young <sup>R</sup>	2018	Small business owner
62	Ron Maag <sup>R</sup>	2016*	Former salesman (pharmaceutical)
63	Sean O'Brien <sup>D</sup>	2018	Attorney
64	<b>Michael J. O'Brien<sup>D</sup></b>	2022	Former mayor
65	John Becker <sup>R</sup>	2022	Accountant
66	Doug Green <sup>R</sup>	2020	Former county auditor
67	Andrew Brenner <sup>R</sup>	2018	Real estate, mortgage
68	Margaret Ruhl <sup>R</sup>	2016*	Former county auditor
69	<b>Stephen Hambley<sup>R</sup></b>	2022	Former county commissioner; teacher
70	Dave Hall <sup>R</sup>	2016*	Former county commissioner
71	<b>Scott Ryan<sup>R</sup></b>	2022	Small business owner
72	Bill Hayes <sup>R</sup>	2018	Attorney
73	Rick Perales <sup>R</sup>	2020	Former county commissioner
74	Bob Hackett <sup>R</sup>	2016*	Former county commissioner
75	Kathleen Clyde <sup>D</sup>	2018	Attorney
76	<b>Sarah LaTourette<sup>R</sup></b>	2022	Political campaign worker
77	Tim Schaffer <sup>R</sup>	2022	Former chairman Ohio Republican Party
78	Ron Hood <sup>R</sup>	2022	Communications executive
79	<b>Kyle Koehler<sup>R</sup></b>	2022	Software engineer
80	<b>Stephen Huffman<sup>R</sup></b>	2022	Physician

District	Name of Representative	Term Limited	Occupation
81	<b>Robert McColley<sup>R</sup></b>	2022	Attorney
82	Tony Burkley <sup>R</sup>	2020	Former county commissioner
83	Robert Sprague <sup>R</sup>	2020	Engineer
84	Jim Buchy <sup>R</sup>	2020	Small business owner
85	<b>A. Nino Vitale<sup>R</sup></b>	2022	Business (manufacturing)
86	Dorothy Liggett Pelanda <sup>R</sup>	2020	Attorney
87	Jeffrey McClain <sup>R</sup>	2016*	Accountant
88	<b>Bill Reineke<sup>R</sup></b>	2022	Small business owner
89	<b>Steven Kraus<sup>R</sup></b>	2022	Small business owner
90	Terry Johnson <sup>R</sup>	2018	Physician
91	Cliff Rosenberger <sup>R</sup>	2018	Air Force veteran
92	Gary Scherer <sup>R</sup>	2020	Accountant
93	Ryan Smith <sup>R</sup>	2020	Financial advisor
94	Debbie Phillips <sup>D</sup>	2016*	Former city council member
95	Andy Thompson <sup>R</sup>	2018	Publisher
96	Jack Cera <sup>D</sup>	2020	Business (workforce development)
97	Brian Hill <sup>R</sup>	2020	Former county commissioner
98	Al Landis <sup>R</sup>	2018	Business (steel industry)
99	John Patterson <sup>D</sup>	2020	Retired teacher

*Note.* First term legislators without any prior legislative experience are in boldface. Adapted from *Legislator Directory, The Ohio Legislature: 131<sup>st</sup> General Assembly*, 2015. Retrieved from <https://www.legislature.ohio.gov/legislators/legislator-directory>

<sup>R</sup> Republican Party.

<sup>D</sup> Democratic Party.

\*Term-limited legislator.

Table 2

*Ohio Senate Demographic Data*

District	Name of Senator	Term Limited	Occupation
1	Cliff Hite <sup>R</sup>	2022	Retired teacher
2	Randy Gardner <sup>R</sup>	2020	Teacher, realtor
3	Kevin Bacon <sup>R</sup>	2018	Attorney
4	William Cooley <sup>R</sup>	2020	Attorney
5	Bill Beagle <sup>R</sup>	2018	Small business owner
6	Peggy Lehner <sup>R</sup>	2020	Former city council member
7	Shannon Jones <sup>R</sup>	2018	Former congressional chief of staff
8	William Seitz <sup>R</sup>	2016*	Attorney
9	<b>Cecil Thomas</b> <sup>D</sup>	2022	Former police officer
10	Chris Widener <sup>R</sup>	2016*	Architect
11	Edna Brown <sup>D</sup>	2018	Former city council member
12	Keith Faber <sup>R</sup>	2016*	Attorney
13	Gayle Manning <sup>R</sup>	2018	Retired teacher
14	Joseph Uecker <sup>R</sup>	2020	Former police officer
15	Charleta Tavares <sup>D</sup>	2018	Former city council member
16	Jim Hughes <sup>R</sup>	2016*	Attorney
17	Bob Peterson <sup>R</sup>	2022	Farmer
18	John Eklund <sup>R</sup>	2020	Attorney
19	Kris Jordan <sup>R</sup>	2018	Former county commissioner
20	Troy Balderson <sup>R</sup>	2020	Small business owner
21	Sandra Williams <sup>D</sup>	2022	Former parole officer
22	Larry Obhof <sup>R</sup>	2020	Attorney
23	Michael Skindell <sup>D</sup>	2018	Attorney
24	Thomas Patton <sup>R</sup>	2016*	Marketing consultant
25	Kenny Yuko <sup>D</sup>	2022	Retired union organizer
26	David Burke <sup>R</sup>	2020	Pharmacist
27	Frank LaRose <sup>R</sup>	2018	Army veteran
28	Tom Sawyer <sup>D</sup>	2016*	Former U.S. Representative
29	Scott Oelslager <sup>R</sup>	2018	Attorney
30	Lou Gentile <sup>D</sup>	2020	Former campaign field director
31	Jay Hottinger <sup>R</sup>	2022	Electrical contractor
32	Capri Cafaro <sup>D</sup>	2016*	Former advisory council member
33	Joseph Schiavoni <sup>D</sup>	2018	Attorney

*Note.* First term legislators without any prior legislative experience are in boldface. Adapted from *Legislator Directory, The Ohio Legislature: 131<sup>st</sup> General Assembly*, 2015. Retrieved from <https://www.legislature.ohio.gov/legislators/legislator-directory>

<sup>R</sup> Republican Party.

<sup>D</sup> Democratic Party.

\*Term-limited legislator.

Table 3

*Total Number of Bills Considered Annually by State Legislators in Ohio*

Ohio General Assembly legislative session	Year	Bills introduced	Bills enacted
130 <sup>th</sup>	2013-2104	977*	140*
129 <sup>th</sup>	2011-2012	798	88 <sup>a</sup>
128 <sup>th</sup>	2009-2010	939	58
127 <sup>th</sup>	2007-2008	1,052	175 <sup>b</sup>
126 <sup>th</sup>	2005-2006	1,112	199 <sup>c</sup>

*Note.* The annual total number of bills introduced and bills enacted into legislation represent the Senate and House of Representatives combined. Adapted from “Status Report of Legislation,” Ohio Legislative Service Commission, 2014, 2013, 2012, 2011a, 2011b, 2009, and 2007.

\* As of 09/05/2014

<sup>a</sup>One bill vetoed by the Governor.

<sup>b</sup>Three bills vetoed by the Governor.

<sup>c</sup>Two bills vetoed by the Governor and two bills subject to litigation.

Table 4

*Ohio APRN Informational Websites*

Name of Organization	Website	Description of Contents
<b>American College of Nurse Midwives (ACNM)</b> Ohio State Affiliate	<a href="http://ohio.midwife.org">ohio.midwife.org</a>	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All ACNM members in Ohio.</li> <li>• Up-to-date<sup>b</sup>: No. The calendar of events is not current, and the website contains a broken hyperlink: “Find a Midwife.”</li> <li>• LACE<sup>c</sup>: No. However, the website has one hyperlink to the ACNM national website (<a href="http://midwife.org">midwife.org</a>) where the information can be found (in separate areas of the website), but the information is not specific to Ohio.</li> <li>• APRN role and scope of practice<sup>d</sup>: No. However, the website contains one hyperlink to the ACNM national website (<a href="http://midwife.org">midwife.org</a>) where the information can be found, but it is not consistent with Ohio’s laws and rules.</li> </ul>
<b>American Psychiatric Nurses Association (APNA)</b> Ohio Chapter	<a href="http://apna.org/i4a/pages/index.cfm?pageid=3419">apna.org/i4a/pages/index.cfm?pageid=3419</a>	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All APNA members in Ohio.</li> <li>• Up-to-date<sup>b</sup>: Yes.</li> <li>• LACE<sup>c</sup>: No. However, a hyperlink to the APNA national website (<a href="http://apna.org">apna.org</a>) contains the information, but it is not specific to Ohio and is limited to the Psych/Mental Health CNP and CNS.</li> <li>• APRN role and scope of practice<sup>d</sup>: No. However, the APNA national website (<a href="http://apna.org">apna.org</a>) contains the information, but it is not specific to Ohio’s laws and rules.</li> </ul>
<b>Central Ohio Clinical Nurse Specialist Association (COCNSA)</b>	<a href="http://cocnsa.wildapricot.org">cocnsa.wildapricot.org</a>	<p>Target audience<sup>a</sup>: All COCNSA members in Ohio.</p> <ul style="list-style-type: none"> <li>• Up-to-date<sup>b</sup>: Yes.</li> <li>• LACE<sup>c</sup>: No.</li> <li>• APRN role and scope of practice<sup>d</sup>: Yes. However, the information is limited.</li> </ul> <p>Note: The information can be found using a separate search for the National Association of Clinical Nurse Specialists (NACNS) (<a href="http://nacns.org">nacns.org</a>) website; however the information is not specific to Ohio’s laws and rules.</p>



Name of Organization	Website	Description of Contents
<b>Council for Ohio Health Care Advocacy (COHCA)</b>	<a href="http://www.cochaonline.org">www.cochaonline.org</a>	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All COCHA members in Ohio.</li> <li>• Up-to-date<sup>b</sup>: Yes.</li> <li>• LACE<sup>c</sup>: Yes. One article, specific to Ohio's APRNs, was discovered after an extensive search.</li> <li>• APRN role and scope of practice<sup>d</sup>: Yes. However, the information is limited to the CNP.</li> </ul>
<b>Emergency Nurses Association (ENA)</b> Ohio ENA State Chapters	<a href="http://ohioena.org">ohioena.org</a>	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All ENA members in Ohio.</li> <li>• Up-to-date<sup>b</sup>: Yes.</li> <li>• LACE<sup>c</sup>: No. The ENA national website (<a href="http://ena.org">ena.org</a>) has one broken hyperlink to, "The Consensus Model for APRN Regulation."</li> <li>• APRN role and scope of practice<sup>d</sup>: No.</li> </ul>
<b>My Health Care Ohio</b>	<a href="http://myhealthcareohio.com">myhealthcareohio.com</a>	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All health care consumers in Ohio who seek to better understand their health care options provided by APRNs.</li> <li>• Up-to-date<sup>b</sup>: Yes.</li> <li>• LACE<sup>c</sup>: Yes. However, the information is limited and does not address the accreditation of APRN programs.</li> <li>• APRN role and scope of practice<sup>d</sup>: Yes.</li> </ul>
<b>National Association of Neonatal Nurse Practitioners (NANNP)</b> Northern Ohio Chapter (NOANN) Ohio, Indiana, Kentucky Chapter (OIKANN)	None	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All NANNP members in Ohio.</li> <li>• Up-to-date<sup>b</sup>: N/A.</li> <li>• LACE<sup>c</sup>: N/A. The NANNP national website (<a href="http://nannp.org">nannp.org</a>) contains the information; however, it is not specific to Ohio, and is limited to the neonatal CNP.</li> <li>• APRN role and scope of practice<sup>d</sup>: N/A. The NANNP national website (<a href="http://nannp.org">nannp.org</a>) contains the information; however, it is not consistent with Ohio's laws and rules.</li> </ul>
<b>National Association of Pediatric Nurse Practitioners (NAPNAP)</b> Ohio Chapter	<a href="http://ohio-napnap.org">ohio-napnap.org</a>	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All NAPNAP members in Ohio.</li> <li>• Up-to-date<sup>b</sup>: No (e.g., broken hyperlink to the OBN Formulary for APRN prescribers).</li> <li>• LACE<sup>c</sup>: No. However, there is one hyperlink to pediatric CNP programs in Ohio.</li> <li>• APRN role and scope of practice<sup>d</sup>: No.</li> </ul>

Name of Organization	Website	Description of Contents
<b>Northeast Ohio Nurse Practitioners (NEONP)</b>	neonp.org	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All NEONP members in Ohio.</li> <li>• Up-to-date<sup>b</sup>: Yes, including the “2015 Consumer Healthcare Directory” to find CNPs in Ohio, according to their specialty area.</li> <li>• LACE<sup>c</sup>: Limited information (e.g., references “advanced education” and “national certified”).</li> <li>• APRN role and scope of practice<sup>d</sup>: Yes. However, the information is limited to the CNP.</li> </ul>
<b>Ohio Association of Advanced Practice Nurses (OAAPN)</b>	oaapn.org	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All OAAPN members.</li> <li>• Up-to-date<sup>b</sup>: No (e.g., multiple pages with outdated information and broken hyperlinks, including the Ohio Board of Nursing Formulary for APRN prescribers).</li> <li>• LACE<sup>c</sup>: No. However, one “Resource” hyperlink was found, but it was broken, to the National Council of State Boards of Nursing (NCSBN) where the information can usually be found.</li> <li>• APRN role and scope of practice<sup>d</sup>: Yes.</li> </ul> <p>Note: The website pages were slow to load, causing difficulty in navigation to the desired information.</p>
<b>Ohio Association of School Nurses (OASN)</b>	oasn.org	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All OASN members in Ohio.</li> <li>• Up-to-date<sup>b</sup>: Yes.</li> <li>• LACE<sup>c</sup>: No.</li> <li>• APRN role and scope of practice<sup>d</sup>: No.</li> </ul>
<b>Ohio Board of Nursing (OBN)</b>	nursing.ohio.gov	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All current and potential licensee and certificate holders regulated by the OBN.</li> <li>• Up-to-date<sup>b</sup>: Yes.</li> <li>• LACE<sup>c</sup>: Yes.</li> <li>• APRN role and scope of practice<sup>d</sup>: Yes. The OBN is the publisher for the official publication of the Formulary for APRN prescribers.</li> </ul>

Name of Organization	Website	Description of Contents
<b>Ohio Gerontologic Advanced Practice Nurse Association (OH GAPNA)</b>	<a href="http://www.ohiogapna.org">www.ohiogapna.org</a>	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All GAPNA members in Ohio.</li> <li>• Up-to-date<sup>b</sup>: Yes.</li> <li>• LACE<sup>c</sup>: No. However, a hyperlink the GAPNA national website (<a href="http://gapna.org">gapna.org</a>) contains the information about the APRN Consensus Model, but it is not specific to Ohio.</li> <li>• APRN role and scope of practice<sup>d</sup>: No. However, the GAPNA national website (<a href="http://gapna.org">gapna.org</a>) contains information about gerontological CNPs, but it is not specific to Ohio's laws and rules.</li> </ul> <p>The "Provider Directory" allows users to "Find a Care Provider" according to specialty area; however, it is limited to CNPs.</p>
<b>Ohio League for Nursing (OLN)</b>	<a href="http://ohioleaguefornursing.org">ohioleaguefornursing.org</a>	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All OLN members in Ohio (note: members are usually nurse educators).</li> <li>• Up-to-date<sup>b</sup>: Yes.</li> <li>• LACE<sup>c</sup>: No. However, a hyperlink contains a list of all nursing educational programs, including APRN programs, in Ohio.</li> <li>• APRN role and scope of practice<sup>d</sup>: No.</li> </ul> <p>Note: The website contained a hyperlink to the National League for Nursing (NLN) website (<a href="http://nln.org">nln.org</a>), but it was offline as they were preparing to launch a new website.</p>
<b>Ohio Midwives Alliance (OMA)</b>	<a href="http://ohiomidwives.org">ohiomidwives.org</a>	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All OMA members in Ohio.</li> <li>• Up-to-date<sup>b</sup>: Yes.</li> <li>• LACE<sup>c</sup>: No.</li> <li>• APRN role and scope of practice<sup>d</sup>: Yes. However, the information is limited to CNM.</li> </ul>
<b>Ohio Nurses Association (ONA)</b>	<a href="http://ohnurses.org">ohnurses.org</a>	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All ONA members.</li> <li>• Up-to-date<sup>b</sup>: Yes.</li> <li>• LACE<sup>c</sup>: No. However, a hyperlink to the American Nurses Association (ANA) national website (<a href="http://ana.org">ana.org</a>) contains the information, but it is not specific to Ohio.</li> <li>• APRN role and scope of practice<sup>d</sup>: No.</li> </ul>

Name of Organization	Website	Description of Contents
<b>Ohio State Association of Nurse Anesthetists (OSANA)</b>	osana.org	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All OSANA members.</li> <li>• Up-to-date<sup>b</sup>: Yes.</li> <li>• LACE<sup>c</sup>: Yes, but limited to CRNAs.</li> <li>• APRN role and scope of practiced: Yes, but limited to CRNAs.</li> </ul>
<b>Oncology Nursing Society (ONS)</b> Columbus Chapter West Central Ohio Chapter Cincinnati Tri-State Chapter Cleveland Chapter	columbus.vc.ons.org wcoho.vc.ons.org cincinnati.vc.ons.org cleveland.vc.ons.org	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All ONS members according to regional areas in Ohio.</li> <li>• Up-to-date<sup>b</sup>: Yes, except cincinnati.vc.ons.org is not.</li> <li>• LACE<sup>c</sup>: No. However, each website contains a hyperlink to <i>ONS Connect</i> (connect.ons.org), a national website where some information about LACE can be found as it pertains to APRNs as well as RNs, but, it is not specific to Ohio's laws and rules.</li> <li>• APRN role and scope of practice<sup>d</sup>: No. However, a hyperlink to the ONS national website (ons.org) contains the information, but it is not specific to Ohio, and it is limited to the CNP and CNS role in oncology.</li> </ul>
<b>Society of Pediatric Nurses (SPN)</b> Ohio Chapter	ohiopedsnurses.weebly.com	<ul style="list-style-type: none"> <li>• Target audience<sup>a</sup>: All SPN members in Ohio.</li> <li>• Up-to-date<sup>b</sup>: Yes.</li> <li>• LACE<sup>c</sup>: No.</li> <li>• APRN role and scope of practice<sup>d</sup>: No.</li> </ul>

*Note.* APRN = advanced registered nurse practitioner; CNP = certified nurse practitioner; CRNA = certified registered nurse anesthetist; CNM = certified nurse mid-wife; CNS = clinical nurse specialist; RN = registered nurse.

<sup>a</sup>Target audience = Who is the website's target audience?

<sup>b</sup>Up-to-date: Is the website information current, including hyperlinks to additional information?

<sup>c</sup>LACE: Does the website contain information related to the licensure, accreditation, certification, and education (LACE) of APRNs in Ohio?

<sup>d</sup>APRN role and scope of practice: Does the website contains information specific to Ohio and all four types of APRNs (i.e., CNP, CRNA, CNM, and CNS)?

Table 5

*Project Budget*

Budget Categories	Cost
<b>Administrative Costs<sup>a</sup></b>	\$10,000.00
Website Development/Design <sup>b</sup> (25 hours/week @ \$50.00/hour)	
<b>Project Supplies</b>	
Laptop Computer Macbook Air, 11 inch, Mid 2011, 1.6 GHz, Intel Core i5, 4 GB 1333 mHz DDR3 (Memory), Intel HD Graphics 3000 384 MB (Graphics)	N/A
Images and Educational Materials for Website	\$0.00
<b>Qualtrics© 2015 Version</b> Account Type: Graduate Student (The Ohio State University) © 2015 Qualtrics, LLC, Version 61502 0.153s (0.473, 0.423, 0.133, 0.096, 0.021)	\$0.00
<b>GoDaddy.com Website Hosting Fees</b> Account Type: Website Builder Business Plan Plus Standard SSL Renewal (1 Year) (annual) .COM Domain Name Registration - 1 Year Annual Subscription billing period: September 15, 2015-September 14, 2016	\$170.88 \$69.99 \$14.99
Facebook®	\$0.00
Twitter®	\$0.00
Google+	\$0.00
<b>GROSS TOTALS</b>	\$10,255.86
<b>In-Kind Contribution Received</b>	(\$10,255.86)
<b>NET TOTALS</b>	\$0.00

*Note.* The project costs for developing and designing the website, OhioAPRN.com

<sup>a</sup>Design and development of a mobile website along with Facebook®, Twitter®, and Google+ pages are included in the administrative costs.

<sup>b</sup>Salary of DNP student for 25 hours per week during website design & development (200 hours x \$50.00 per hour = \$10,000.00).

Table 6

*Qualtrics© Online Survey Question: Does the Website Contain Accurate Information?*

Expert #	“No” Comment
Expert #2	<p>The CRNA scope of practice is not current (2005). In June 2013, the AANA Board of Directors approved revisions to the Scope of Nurse Anesthesia Practice. Nurse anesthetists care for patients at all acuity levels across the lifespan in a variety of settings for procedures including, but not limited to, surgical, obstetrical, diagnostic, therapeutic, and pain management. CRNAs serve as clinicians, researchers, educators, mentors, advocates, and administrators.</p> <p>The "click here" to learn more about CRNAs is also outdated document.</p> <p>The overall total # of CRNAs needs updating to reflect current numbers.</p> <p>The total # of anesthetics has increased to 34 million.</p> <p>There are currently 7 nurse anesthesia programs in OH: St. Elizabeth (Youngstown); Case Western Reserve (Cleveland); Cleveland Clinic/Case Western Reserve (Cleveland); Akron University (Akron); University of Cincinnati (Cincinnati); and Lourdes University (Toledo).</p> <p>I am curious as to why in the scope of practices of CRNAs and other APRNs and in the “What is an APRN?” the words "supervision" and "collaboration" "standard care arrangement" are underlined. This seems to call negative attention to these phrases and possibly raises a red flag as to making more of this than is necessary in the APRN practice? It seems in this type of website that it be factual, accurate (as possible since data changes continually), and puts APRNs in a positive light.</p> <p>The role of a CRNA is superficial here and not substantive – and actually minimally reflects what CRNAs do day-to-day in the OR/OB/Pain management/Outside services. This area could be better improved.</p> <p>For information purposes: the entire recertification process has changed and will start in 2016. May wish to check out NBCRNA.com. NBCRNA is the certifying/recertifying body for CRNAs. It is changing to 4 year cycles, increasing # of CEs to 100 over 4 years, adding class A &amp; class B CEs, and requiring a test every 8 years.</p>

Table 7

*Content Validity Index (CVI)*

Item	Expert 1	Expert 2	Expert 3	Expert 4	Expert 5	Expert 6	Expert 7	Experts in Agreement	Item CVI
1	✓	✓	✓	✓	✓	✓	✓	7	1.00
2	✓	✓	✓	✓	✓	✓	✓	7	1.00
3	✓	✓	✓	✓	✓	✓	✓	7	1.00
4	✓	✓	✓	✓	✓	✓	✓	7	1.00
Average I-CVI =									1.00
Proportion relevant	1.00	1.00	1.00	1.00	1.00	1.00	1.00		

*Note.* Items rated 3 or 4 (“moderately clear” to “completely clear”) by the health policy expert panel.

Item-level content validity index = I-CVI

Scale-level content validity index = S-CVI

Proportion relevant = universal agreement (UA) calculation method or S-CVI/UA

Table 8

*Qualtrics© Online Survey Question: What Changes, If Any, Do You Think Are Needed to Improve the Website?*

Expert #	Comments
Expert #1	Would like to see more about differences between acute and primary care NPs. Huge issue nation wide.
Expert #2	For CRNAs: There are 2 studies that speak to safety of CRNAs working without supervision that are not listed here where there are other studies that speak to the other APRN specialties: No Harm Found 10.1377/hlthaff.2008.0966 HEALTH AFFAIRS 29, NO. 8 (2010): 1469–1475 ©2010 Project HOPE – The People-to-People Health and the Cochran Study: Physician anaesthetists versus non-physician providers of anaesthesia for surgical patients (Review) Lewis SR, Nicholson A, Smith AF, Alderson P. Since there has been such ado made about how CRNAs need to be supervised, studies like these are very important to present a more balanced position. There are also studies out there (Lewin Study) that speaks to the economics of anesthesia delivery models where CRNA staff clearly saves hospitals money while preserving quality of care. About the OSANA brochure with CRNA numbers in OH, that document is outdated as well. The OSANA has created a more recent one as well as the AANA, which has a newer document that shows the distribution of CRNAs and MDs in OH. The limiting factor to any of these type of maps showing distribution of providers is that they are all based on where the provider lives--and not where the provider practices. In addition, many anesthesia practitioners work in more than 1 facility and/or county, further complicating this type of statistical data. Unfortunately, it is like technology advances – by the time it is published, it is outdated.
Expert #3	The site is excellent and very easy to navigate. It is easily understood by someone who is already familiar with the issues associated with APRNs. I am not sure whether legislators or their aides will come to it with that same level of knowledge so it may be overwhelming to them. Nonetheless, the site is an excellent resource. I did note one small error – on the page dealing with prescriptive authority, the reference to 4723-9 of the Ohio Administrative Code should read “chapter” rather than “section.” It is correct on other similar linkages.

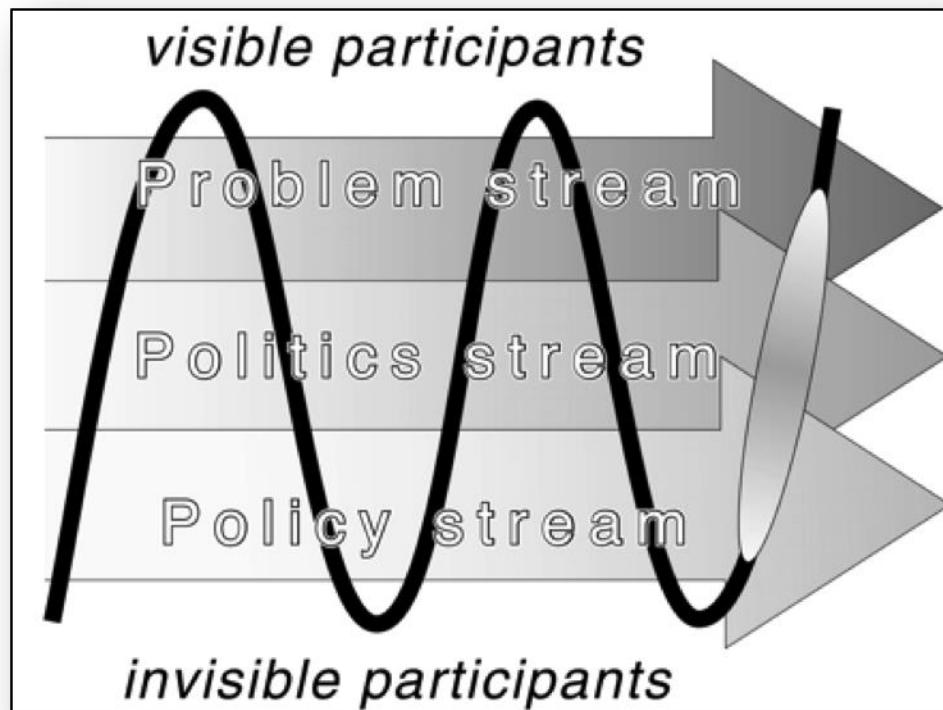


Expert #	Comments
Expert #4	None.
Expert #5	I have no recommendations. It's visually appealing, not overwhelming, all of the links work (I checked most of them). Great job!
Expert #6	Sometimes there is too much information that may confuse the reader. While I, as a nurse, appreciate all of the credentials approved by various credentialing organizations, I believe the credentials are confusing to the public. It would be good if all APRN credentialing organizations could agree on a single set of credentials.
Expert #7	Nicely done. Recommend adding more about the different APRN certifications.

Table 9

*Qualtrics© Online Survey Question: Please Feel Free to Provide Any Additional Comments Regarding the Website*

Expert #	Additional Comments
Expert #1	Great job-obviously spent tons of time on this. Great idea.
Expert #2	What an undertaking! Kudos, Keeley. You did a nice job overall with this and I hope you do not construe my comments as nitpicking. There is a lot of data to review and add to this website and I like the total organization of it. It is overall easy to navigate through and makes sense in a logical way. One of my suggestions is not to limit this to only to state legislators as a target audience. The information about all APRNs needs to also be distributed to OH agencies like the Ohio Department of Health, the Ohio Health Policy Institute, the Ohio Agency on Insurance, the Governor's office, OH Medicaid, and the Ohio Hospital Association. So many policies that can affect APRN practice is influenced by outside governmental agencies as well. Thank you for allowing me the privilege of reviewing this for your capstone project and DNP!
Expert #3	I see this as a very useful resource that goes beyond policy-makers and their aides.
Expert #4	Excellent work! This will be a wonderful, much needed, and long overdue resource.
Expert #5	I hope this actually does go live (vs. just being a project for school).
Expert #6	The credential confusion is not the fault of the website but of the differences required by various credentialing organizations. The website offers a broad range of information that may be confusing to the reader simply because of the amount of information provided. I'm not sure how to explain APRNs to consumers (or even nurses who are not APRNs) any better, but it's just a thought...



*Figure 1.* Kingdon's Model. A visual representation of Kingdon's model (2011) in which a window of opportunity (right) is opened.

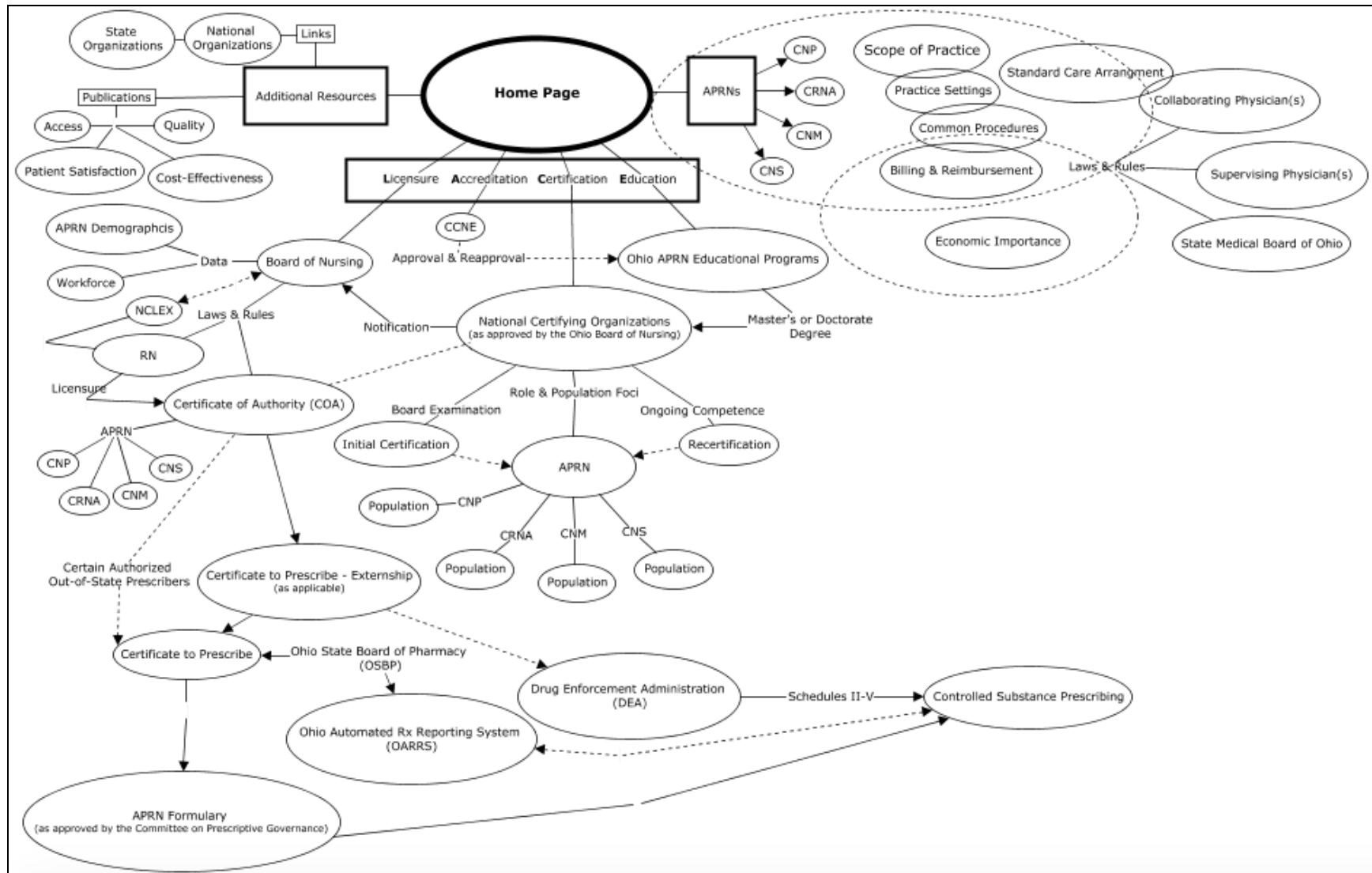
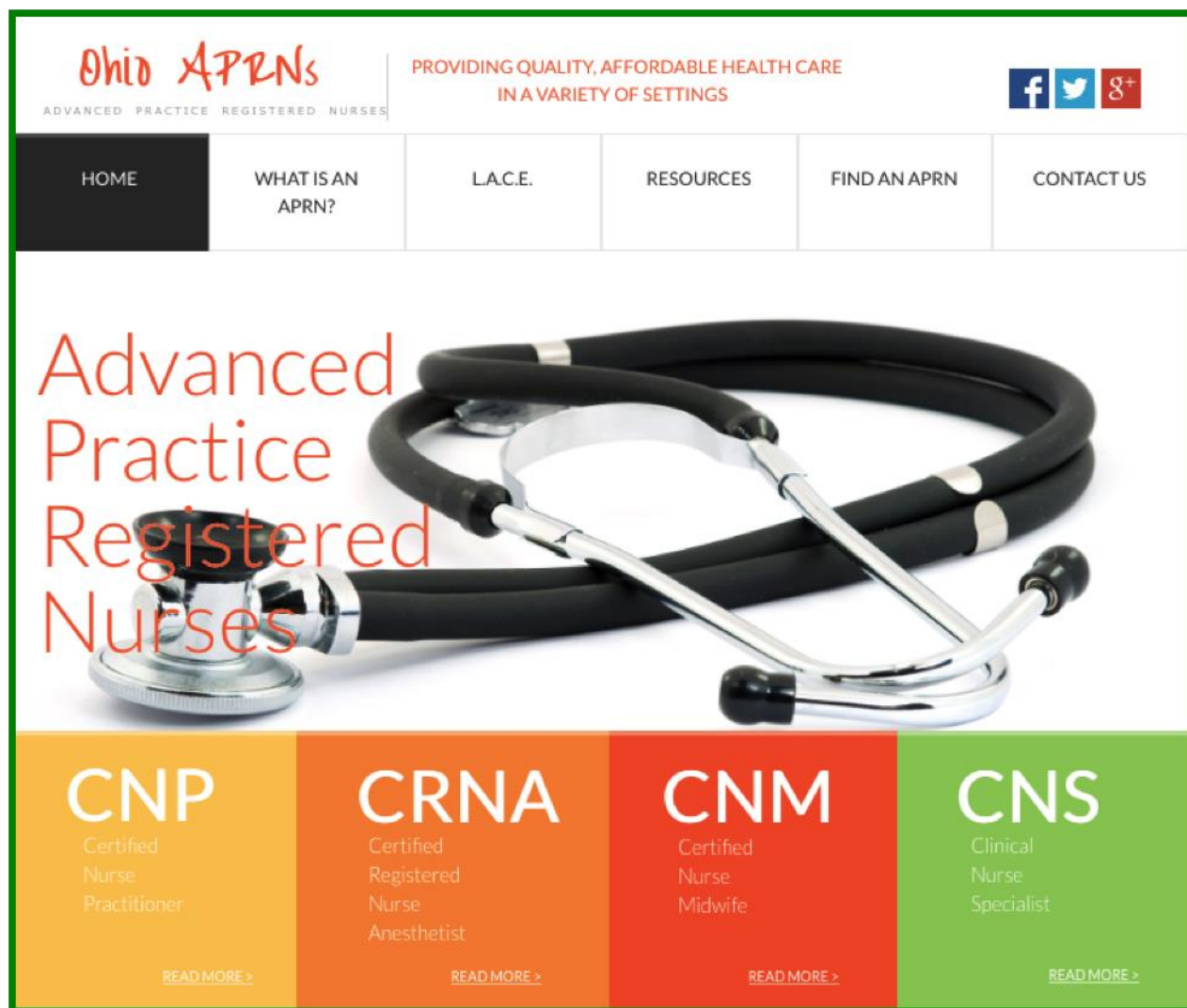


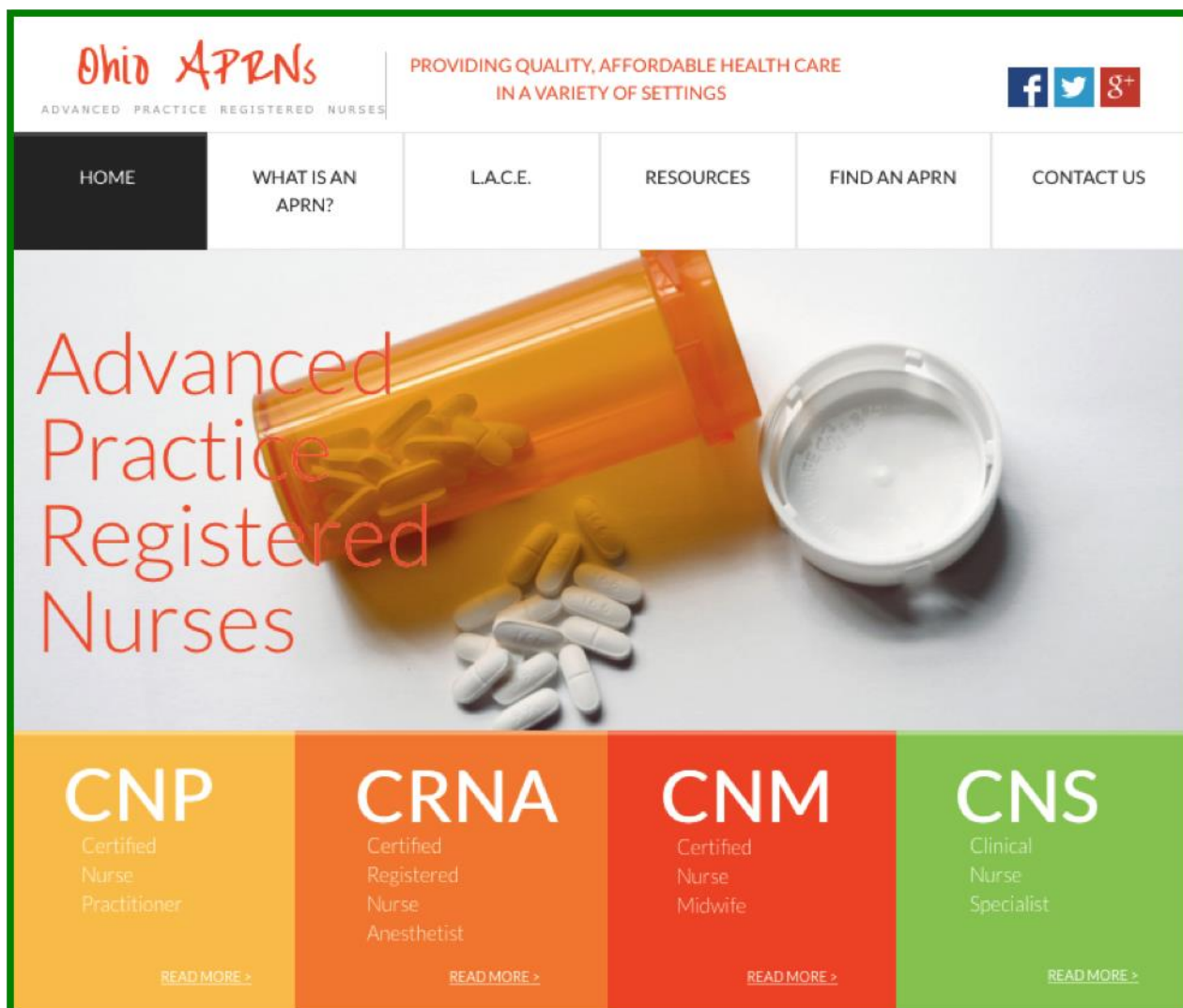
Figure 2. A visual representation of the website, OhioAPRN.com.



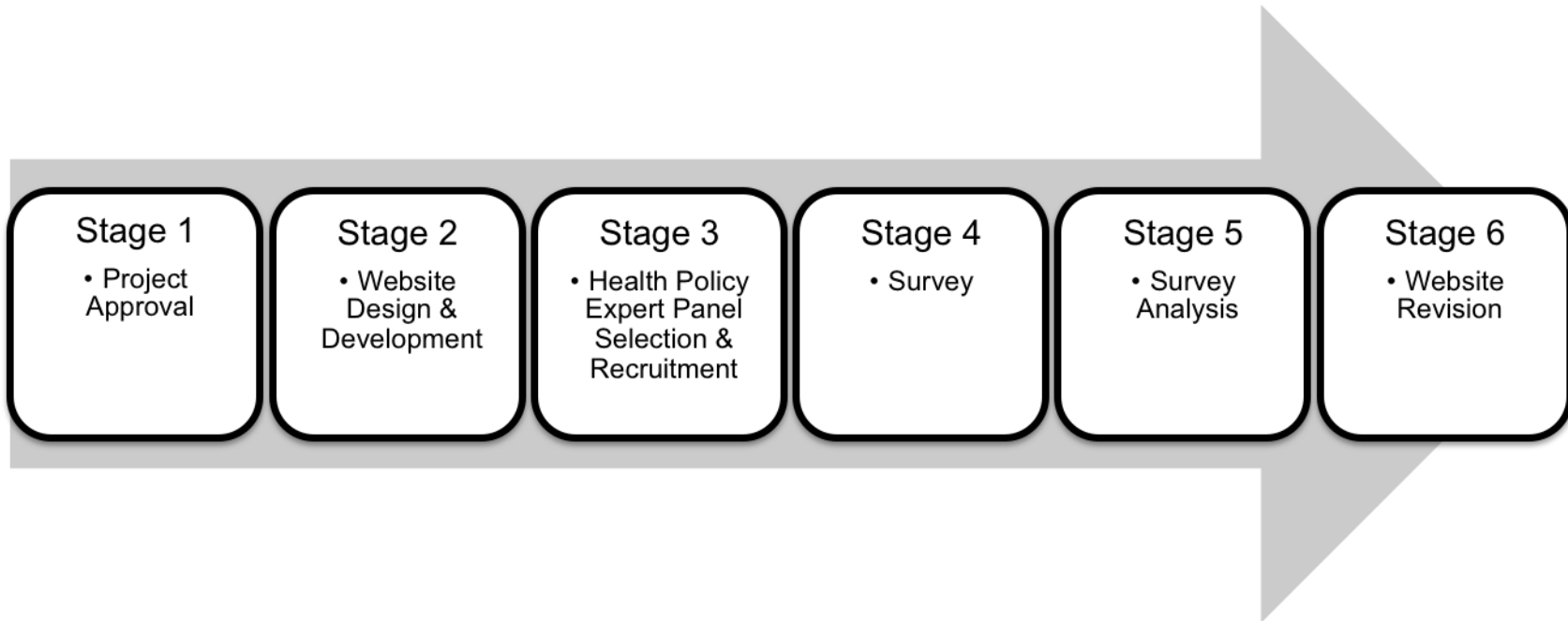
*Figure 3.* OhioAPRN.com: First automated scrolling photograph. A screenshot of the homepage for the website, OhioAPRN.com. The photograph depicts an APRN in the workplace setting, and is one of the three automated scrolling photographs on the website's homepage.



*Figure 4.* OhioAPRN.com: Second automated scrolling photograph. A screenshot of the homepage for the website, OhioAPRN.com. The photograph depicts an APRN's stethoscope, and is one of the three automated scrolling photographs on the website's homepage.

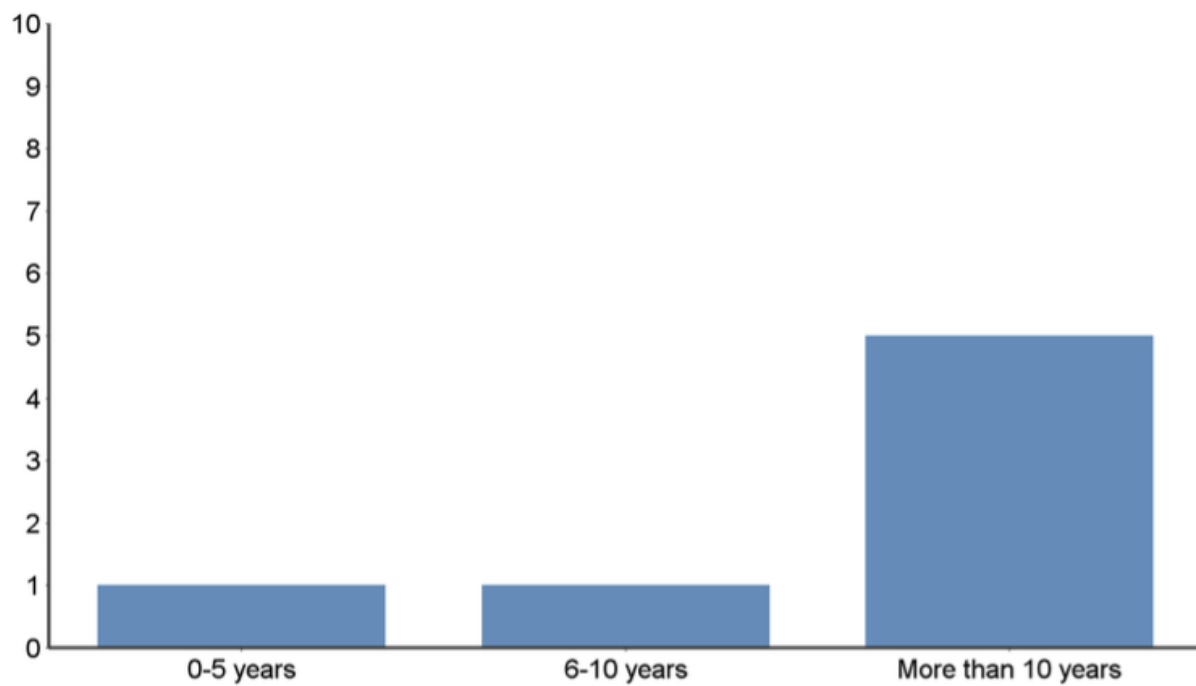


*Figure 5.* OhioAPRN.com: Third automated scrolling photograph. A screenshot of the homepage for the website, OhioAPRN.com. The photograph depicts a patient's medication that was prescribed by APRN, and is one of the three automated scrolling photographs on the website's homepage.



*Figure 6.* Stages of content analysis by a panel of health policy experts.





#	Answer	Bar	Response	%
0	0-5 years	<div></div>	1	14.29%
1	6-10 years	<div></div>	1	14.29%
2	More than 10 years	<div></div>	5	71.43%
	Total		7	100.00%

Min Value	Max Value	Average Value	Variance	Standard Deviation	Total Responses	Total Respondents
0	2	1.57	0.62	0.79	7	7

Figure 7. Qualtrics© online survey demographic question. What is the total number of years that you consider yourself as having experience in health care policy?

### Survey Start Dates



*Figure 8.* Qualtrics© online survey start dates. The recorded date that each respondent started (and completed) the survey.

### Survey Durations

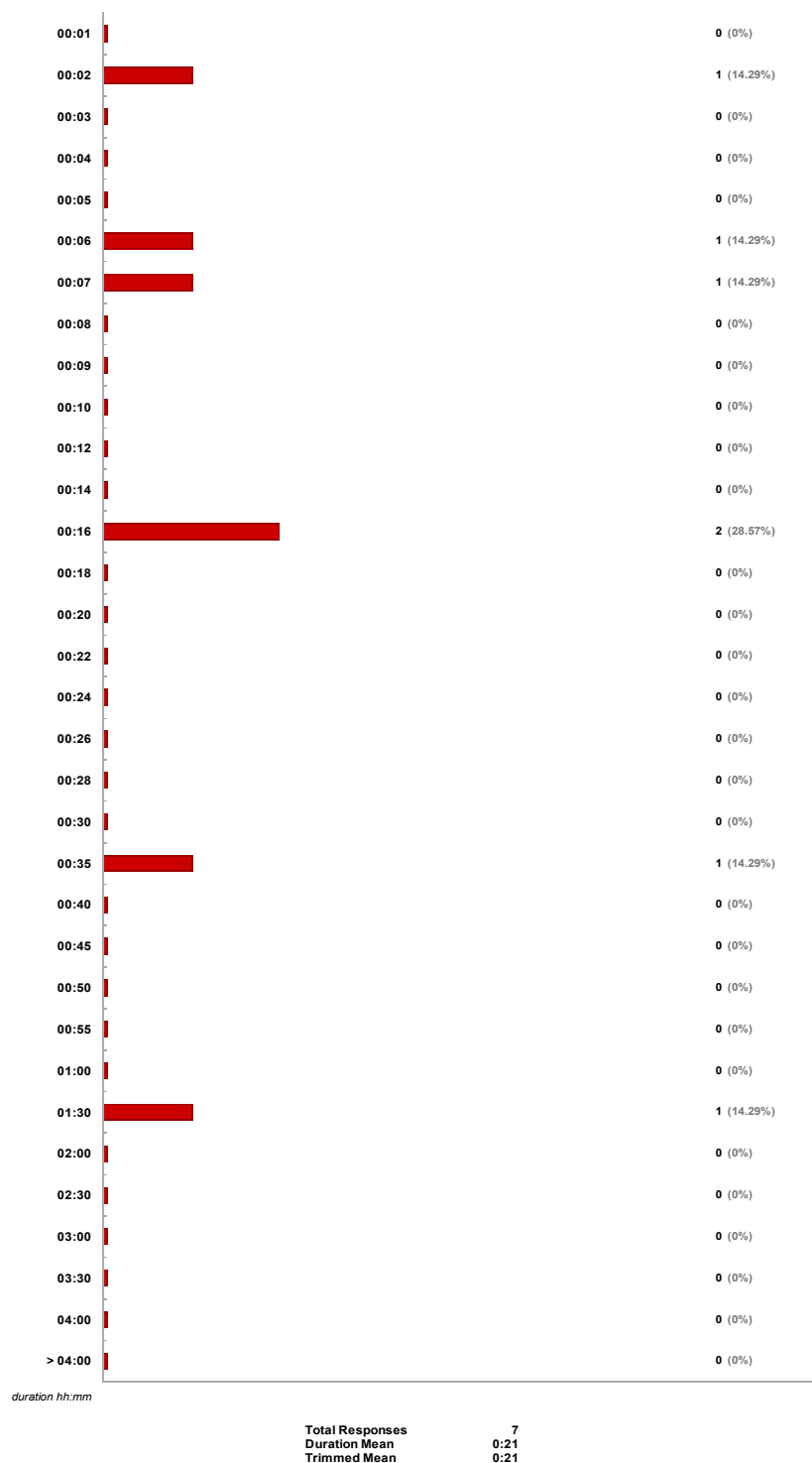


Figure 9. Qualtrics© online survey durations. The recorded length of time (in minutes) that each respondent took to complete the survey.

### Survey Start Times

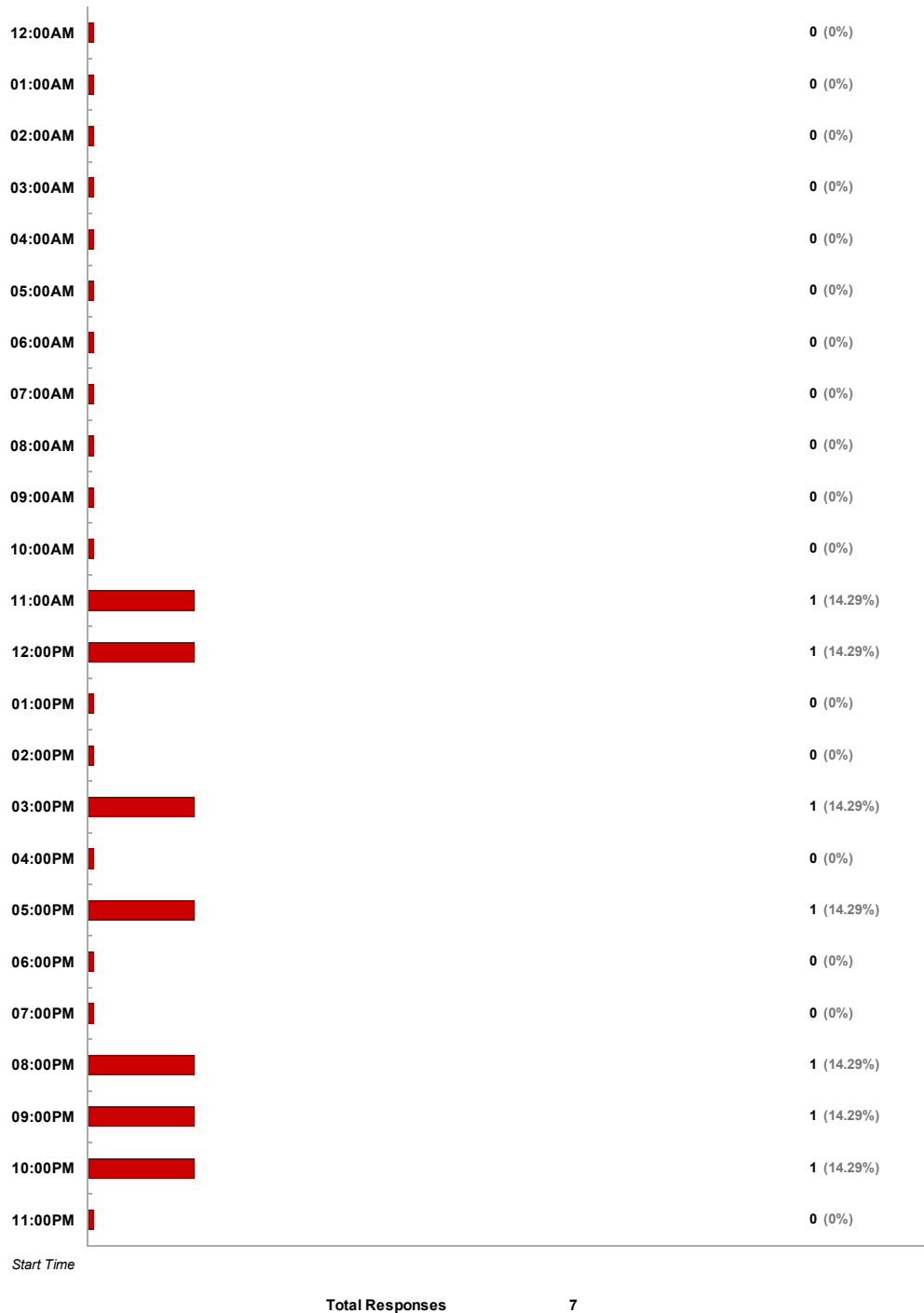
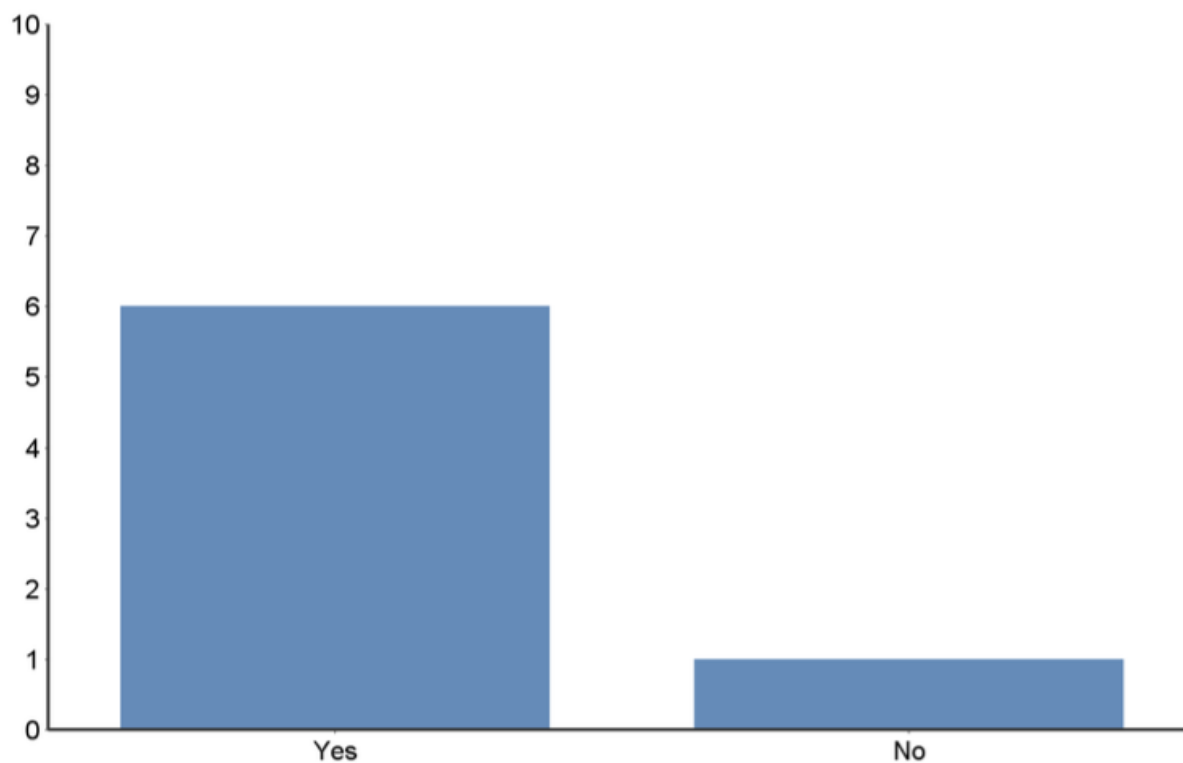


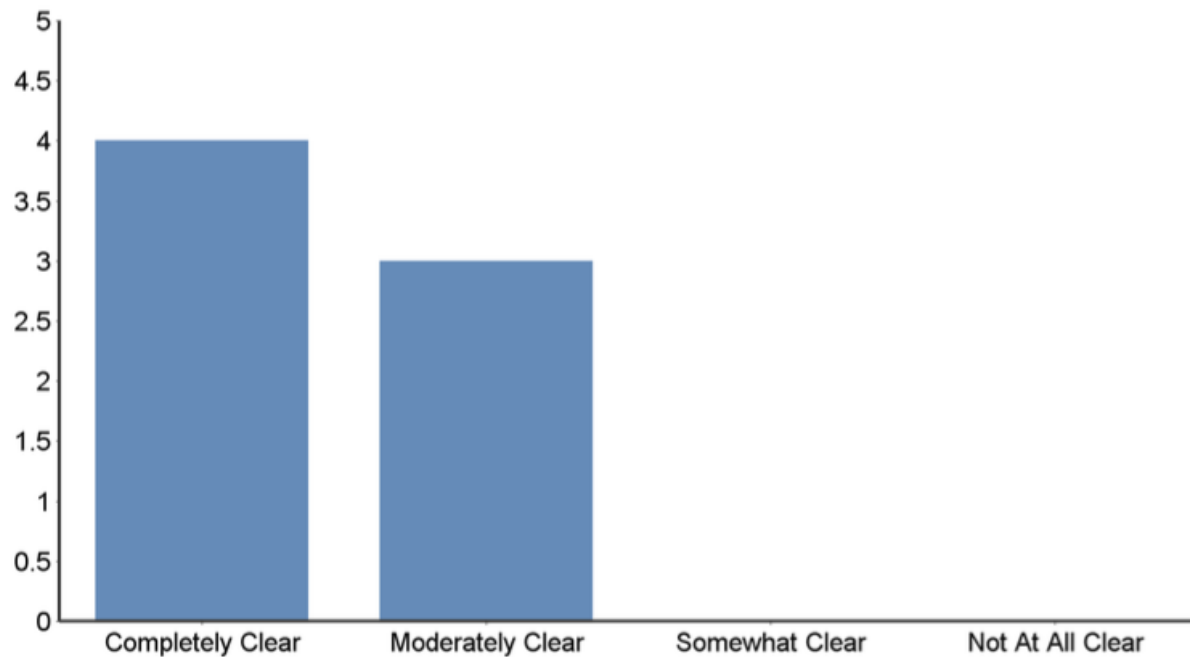
Figure 10. Qualtrics© online survey start times. The recorded start time for each respondent.



#	Answer	Bar	Response	%
1	Yes	<div></div>	6	85.71%
2	No	<div></div>	1	14.29%
	Total		7	100.00%

Min Value	Max Value	Average Value	Variance	Standard Deviation	Total Responses	Total Respondents
1	2	1.14	0.14	0.38	7	7

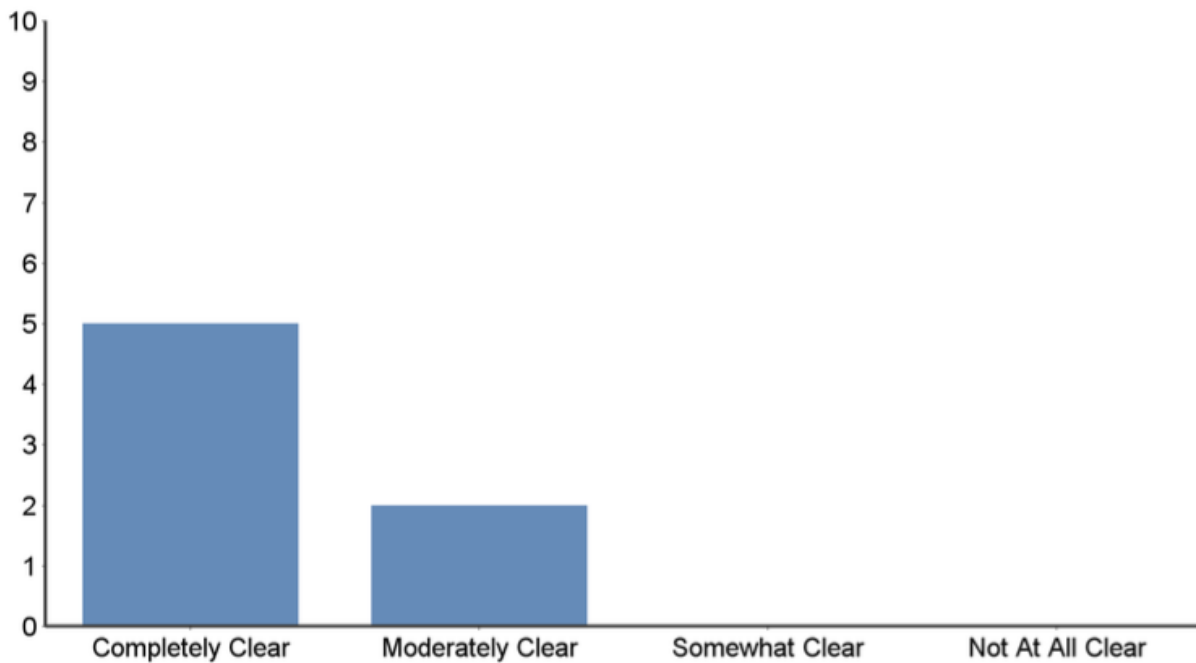
Figure 11. Qualtrics© online survey question: Does the website contain accurate information?



#	Answer	Bar	Response	%
1	Completely Clear	<div></div>	4	57.14%
2	Moderately Clear	<div></div>	3	42.86%
3	Somewhat Clear		0	0.00%
4	Not At All Clear		0	0.00%
	Total		7	100.00%

Min Value	Max Value	Average Value	Variance	Standard Deviation	Total Responses	Total Respondents
1	2	1.43	0.29	0.53	7	7

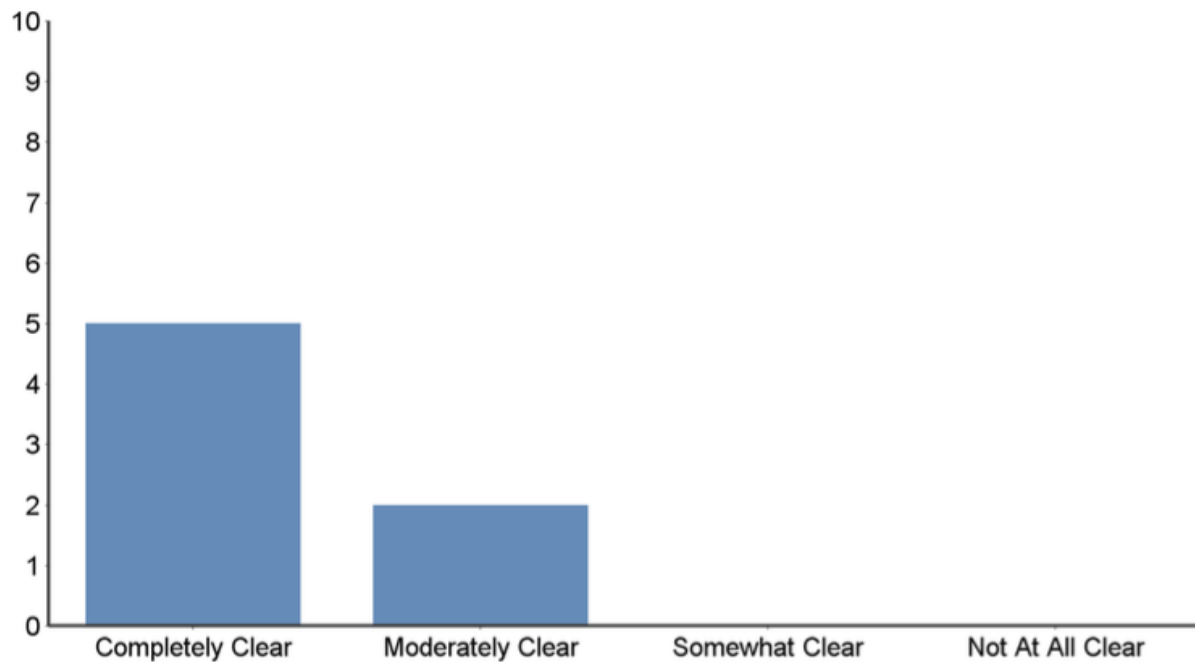
Figure 12. Qualtrics© online survey question: How clearly does the webmaster explain the role of the APRN?



#	Answer	Bar	Response	%
1	Completely Clear	<div></div>	5	71.43%
2	Moderately Clear	<div></div>	2	28.57%
3	Somewhat Clear		0	0.00%
4	Not At All Clear		0	0.00%
Total			7	100.00%

Min Value	Max Value	Average Value	Variance	Standard Deviation	Total Responses	Total Respondents
1	2	1.29	0.24	0.49	7	7

Figure 13. Qualtrics© online survey question: How clearly does the webmaster explain the educational background of APRNs?

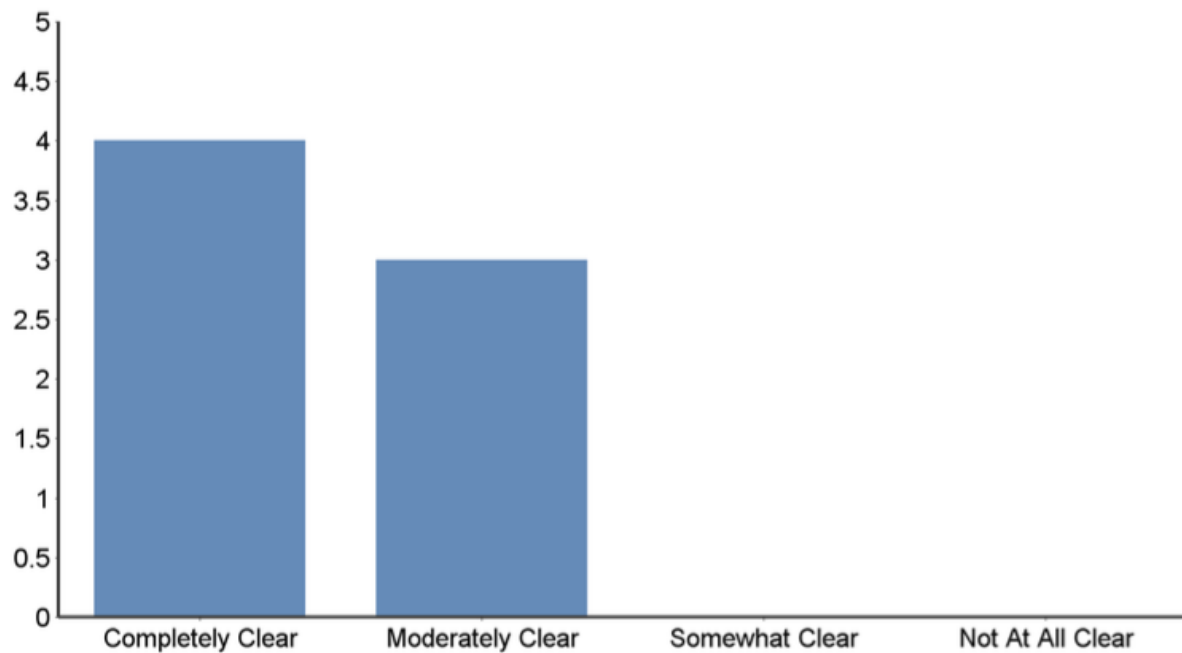


#	Answer	Bar	Response	%
1	Completely Clear	<div></div>	5	71.43%
2	Moderately Clear	<div></div>	2	28.57%
3	Somewhat Clear		0	0.00%
4	Not At All Clear		0	0.00%
	Total		7	100.00%

Min Value	Max Value	Average Value	Variance	Standard Deviation	Total Responses	Total Respondents
1	2	1.29	0.24	0.49	7	7

*Figure 14.* Qualtrics© online survey question: How clearly does the webmaster explain the licensing requirements for APRNs?

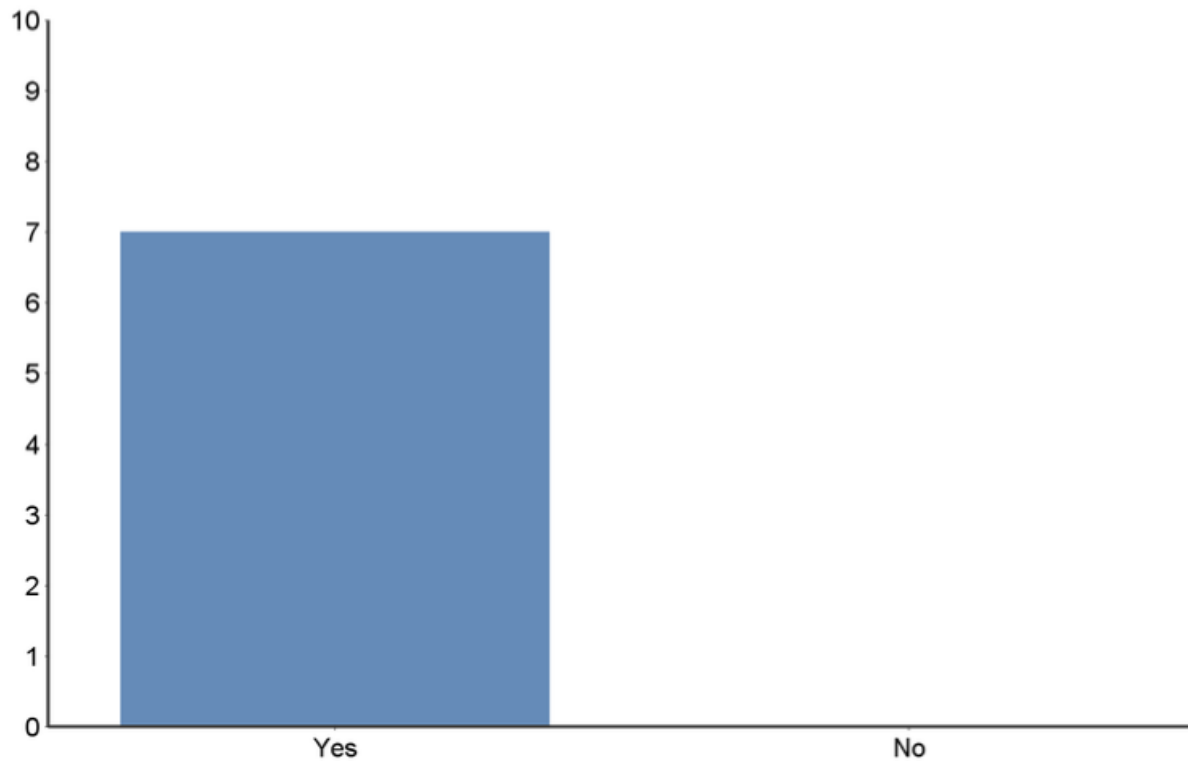




#	Answer	Bar	Response	%
1	Completely Clear	<div></div>	4	57.14%
2	Moderately Clear	<div></div>	3	42.86%
3	Somewhat Clear		0	0.00%
4	Not At All Clear		0	0.00%
	Total		7	100.00%

Min Value	Max Value	Average Value	Variance	Standard Deviation	Total Responses	Total Respondents
1	2	1.43	0.29	0.53	7	7

Figure 15. Qualtrics© online survey question: How clearly does the webmaster explain the economic importance of APRNs?




#	Answer	Bar	Response	%
1	Yes		7	100.00%
2	No		0	0.00%
	Total		7	100.00%

Min Value	Max Value	Average Value	Variance	Standard Deviation	Total Responses	Total Respondents
1	1	1.00	0.00	0.00	7	7

Figure 16. Qualtrics© online survey question: Does the website contain the essential information that a state legislator needs to know about APRNs?

*Appendix A***E-Mail Response from The Ohio State University IRB**

Gmail - RE: Questions4/10/15, 8:30 AM

Keeley Harding <keeleyharding@gmail.com>

---

**RE: Questions**  
1 message

---

**Petty, Cheri** <petty.6@osu.edu>Fri, Apr 10, 2015 at 7:05 AM  
To: "Harding, Keeley" <keeleyharding@gmail.com>

Hi Keeley,

This does not appear to be research requiring review as it is not a systematic investigation designed to develop or contribute to generalizable knowledge. No review by our office is required to develop a factual website and to have content experts assist with assuring all necessary content is covered.

Thanks,  
Cheri

**Cheri Petty, MA CIP**  
Quality Improvement Specialist  
Regulatory & Exempt Determinations  
**The Ohio State University**  
**Office of Research** Office of Responsible Research Practices  
300 Research Administration Building, 1960 Kenny Road, Columbus, OH 43221  
614-688-0389 Office / 614-688-0366 Fax  
[petty.6@osu.edu](mailto:petty.6@osu.edu) [www.orrp.osu.edu](http://www.orrp.osu.edu)

## Appendix B

The Ohio State University College of Nursing

**QI or Research Determination Decision Tool**Instructions:

1. Please complete the requested project information, as this document may be used for documentation that neither IRB review nor an exemption is required.
2. Please select the appropriate answers to each question in order as they appear on the form. If all of the questions are answered without receiving an error message, the form may be printed as certification that the project is "not research," and does not require IRB review or exemption.

If you are unsure how to answer any of the questions, please contact ORRP for additional guidance.

**Project Information:**

Name of Project Lead/Investigator:

Keeley Harding, MS, CNP and Margaret Graham, PhD, CN

Title of Project

Development of an APRN Informational Website for State Legislators in Ohio

Brief Description of Project/Goals:

The goal of this DNP Final Project is to develop a website (OhioAPRN.com) that contains role and scope of practice information about the four types of APRNs that are legally recognized in Ohio: (a) CNP, (b) CRNA, (c) CNM, and (d) CNS. The proposed website will be designed as a resource for use by Ohio state legislators who are preparing to vote on legislation that could have significant health policy implications for APRNs and their patients. An expert panel, comprised of nurses having expertise in the area of health policy, will be used to assess and refine the content validity of the website. To achieve this goal, the objectives of this project are to: (1) develop a website that contains accurate, evidence-based information about APRNs and their scope of practice, and the important role they play in delivering safe, cost-effective, and quality health care in Ohio; and (2) validate the contents of the website using a panel of health policy experts. The feedback received will be used for subsequent website revisions

Help

**Questions:**

1. Will the project involve testing an experimental drug, device (including medical software or assays), or biologic?

☐ Yes☒ No

Help

2. Has the project received funding (e.g. federal, industry) to be conducted as a human subjects research study?

☐ Yes☒ No

Help

3. In addition to any other purposes, is the project intended to develop or contribute to generalizable knowledge (e.g. testing a hypothesis) AND/OR has the project been designed in such a way that the findings will be generalizable (e.g. randomization of subjects; comparison of case vs. control)?

☐ Yes☒ No

Help

4. Will the results of the project be published, presented or disseminated outside of the institution conducting it?

☒ Yes☐ No

Help

5. Will the project occur exactly as proposed regardless of whether individuals conducting it may benefit professionally from it?

☒ Yes☐ No

Help

6. Is the project intended to improve or evaluate the practice or process within a particular institution or a specific program?

☒ Yes☐ No

Help

**If no message appears above indicating the certification is not valid, IRB Review is not required because, in accordance with federal regulations, your project does not constitute research as defined under 45 CFR 46.102(d). Please print a copy of this form to save with your files, as it serves as documentation that IRB review is not required for this project.**

What do my results mean?

Current Date

4/13/15

Print Form

*Appendix C***Initial E-Mail Recruitment Script**

**To:** (insert e-mail address of potential health policy expert panelist)

**From Name:** Keeley Harding, DNP Student, OSU-CON

**Reply-To E-Mail Address:** harding.39@osu.edu

**Subject:** Invitation to Participate: Health Policy Expert Panel and Website Survey

---

[Body of e-mail]

**Project Title:** Development of an APRN Informational Website for State Legislators in Ohio

Hello. My name is Keeley Harding. I am a certified nurse practitioner (CNP), and a doctoral student at The Ohio State University where I am completing a Doctor of Nursing Practice (DNP) degree. My final project is focused on increasing state legislators' awareness about advanced practice registered nurses (APRNs) and their scope of practice in Ohio. The goal of the project is to develop a website that contains information about the role and scope of practice of APRNs in Ohio. State legislators will be invited to use the website to inform them about APRN practice.

Part of the project involves generating a health policy expert panel to review the contents of the newly created website. As someone who has been actively involved in APRN-related health policy at the state level, you are uniquely qualified to participate on the expert panel. If you are willing to serve on the expert panel, please review the website and answer a brief survey about its contents. The total time commitment to review the website and answer the survey questions is **approximately 30 minutes**. The security-enhanced online survey contains **one demographic question** about your health policy background and **eight questions about the website**. The survey is completely voluntary and you may withdraw at any time. You can skip any question that you do not wish to answer.

For project details, including website access and participating in the survey, please click on the following link: [https://osu.az1.qualtrics.com/SE/?SID=SV\\_3TUOZGj7uIG2ZdH](https://osu.az1.qualtrics.com/SE/?SID=SV_3TUOZGj7uIG2ZdH)

**Password:** **osudnp**

**Note:** To gain access to the survey via Qualtrics®, you will be required to enter the password. This is a general, shared password and is required only for the purpose of limiting access to only those individuals invited to serve on the health policy expert panel. Once you have logged into Qualtrics®, you will be provided instructions, including a username and password, allowing you to access the website.

**Please use one of the following web browsers to access the website: FireFox, Chrome, or Safari as Internet Explorer may cause difficulties. In addition, you will want to view the website on a laptop or personal computer rather than, for example, an iPhone or iPad since the mobile site is not fully operational.**

If you have questions, concerns, or complaints please feel free to contact me or my advisor, Dr. Graham.

Keeley Harding, MS, CNP  
Co-Investigator and Graduate DNP Student  
The Ohio State University, College of Nursing  
Doctor of Nursing Practice Program  
Columbus, OH 43210 USA  
Phone: (937) 623-5571  
E-Mail: [harding.39@osu.edu](mailto:harding.39@osu.edu)

Margaret Graham, PhD, CNP, FAAN, FAANP  
Principal Investigator and DNP Faculty Advisor  
The Ohio State University, College of Nursing  
Doctor of Nursing Practice Program  
Columbus, OH 43210 USA  
Phone: (614) 688-4984  
E-Mail: [graham.548@osu.edu](mailto:graham.548@osu.edu)

*Appendix D***Reminder E-Mail Recruitment Script**

**To:** (insert e-mail address of potential health policy expert panelist)

**From Name:** Keeley Harding, DNP Student, OSU-CON

**Reply-To E-Mail Address:** harding.39@osu.edu

**Subject:** [REMINDER] Invitation to Participate: Health Policy Expert Panel and Website Survey

---

[Body of e-mail]

**The purpose of this e-mail is to serve as a reminder. Please disregard this e-mail if you have already completed the survey or choose not to participate.**

Hello. My name is Keeley Harding. I am a certified nurse practitioner (CNP), and a doctoral student at The Ohio State University where I am completing a Doctor of Nursing Practice (DNP) degree. My final project is focused on increasing state legislators' awareness about advanced practice registered nurses (APRNs) and their scope of practice in Ohio. The goal of the project is to develop a website that contains information about the role and scope of practice of APRNs in Ohio. State legislators will be invited to use the website to inform them about APRN practice.

Part of the project involves generating a health policy expert panel to review the contents of the newly created website. As someone who has been actively involved in APRN-related health policy at the state level, you are uniquely qualified to participate on the expert panel. If you are willing to serve on the expert panel, please review the website and answer a brief survey about its contents. The total time commitment to review the website and answer the survey questions is **approximately 30 minutes**. The security-enhanced online survey contains **one demographic question** about your health policy background and **eight questions about the website**. The survey is completely voluntary and you may withdraw at any time. You can skip any question that you do not wish to answer.

For project details, including website access and participating in the survey, please click on the following link: [https://osu.az1.qualtrics.com/SE/?SID=SV\\_3TUOZGj7uIG2ZdH](https://osu.az1.qualtrics.com/SE/?SID=SV_3TUOZGj7uIG2ZdH)

**Password:** **osudnp**

**Note:** To gain access to the survey via Qualtrics®, you will be required to enter the password. This is a general, shared password and is required only for the purpose of limiting access to only those individuals invited to serve on the health policy expert panel. Once you have logged into Qualtrics®, you will be provided instructions, including a username and password, allowing you to access the website.

**Please use one of the following web browsers to access the website: FireFox, Chrome, or Safari as Internet Explorer may cause difficulties. In addition, you will want to view the website on a laptop or personal computer rather than, for example, an iPhone or iPad since the mobile site is not fully operational.**

If you have questions, concerns, or complaints please feel free to contact me or my advisor, Dr. Graham.

Keeley Harding, MS, CNP  
Co-Investigator and Graduate DNP Student  
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E-Mail: [harding.39@osu.edu](mailto:harding.39@osu.edu)

Margaret Graham, PhD, CNP, FAAN, FAANP  
Principal Investigator and DNP Faculty Advisor  
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Columbus, OH 43210 USA  
Phone: (614) 688-4984  
E-Mail: [graham.548@osu.edu](mailto:graham.548@osu.edu)



*Appendix E***Final Reminder E-Mail Recruitment Script**

**To:** (insert e-mail address of potential health policy expert panelist)

**From Name:** Keeley Harding, DNP Student, OSU-CON

**Reply-To E-Mail Address:** harding.39@osu.edu

**Subject:** [FINAL REMINDER] Invitation to Participate: Health Policy Expert Panel and Website Survey

---

[Body of e-mail]

**The purpose of this e-mail is to serve as a reminder. Please disregard this e-mail if you have already completed the survey or choose not to participate.**

Hello. My name is Keeley Harding. I am a certified nurse practitioner (CNP), and a doctoral student at The Ohio State University where I am completing a Doctor of Nursing Practice (DNP) degree. My final project is focused on increasing state legislators' awareness about advanced practice registered nurses (APRNs) and their scope of practice in Ohio. The goal of the project is to develop a website that contains information about the role and scope of practice of APRNs in Ohio. State legislators will be invited to use the website to inform them about APRN practice.

Part of the project involves generating a health policy expert panel to review the contents of the newly created website. As someone who has been actively involved in APRN-related health policy at the state level, you are uniquely qualified to participate on the expert panel. If you are willing to serve on the expert panel, please review the website and answer a brief survey about its contents. The total time commitment to review the website and answer the survey questions is **approximately 30 minutes**. The security-enhanced online survey contains **one demographic question** about your health policy background and **eight questions about the website**. The survey is completely voluntary and you may withdraw at any time. You can skip any question that you do not wish to answer.

For project details, including website access and participating in the survey, please click on the following link: [https://osu.az1.qualtrics.com/SE/?SID=SV\\_3TUOZGj7uIG2ZdH](https://osu.az1.qualtrics.com/SE/?SID=SV_3TUOZGj7uIG2ZdH)

**Password:** **osudnp**

**Note:** To gain access to the survey via Qualtrics®, you will be required to enter the password. This is a general, shared password and is required only for the purpose of limiting access to only those individuals invited to serve on the health policy expert panel. Once you have logged into Qualtrics®, you will be provided instructions, including a username and password, allowing you to access the website.

**Please use one of the following web browsers to access the website: FireFox, Chrome, or Safari as Internet Explorer may cause difficulties. In addition, you will want to view the website on a laptop or personal computer rather than, for example, an iPhone or iPad since the mobile site is not fully operational.**

If you have questions, concerns, or complaints please feel free to contact me or my advisor, Dr. Graham.

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Co-Investigator and Graduate DNP Student  
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Margaret Graham, PhD, CNP, FAAN, FAANP  
Principal Investigator and DNP Faculty Advisor  
The Ohio State University, College of Nursing  
Doctor of Nursing Practice Program  
Columbus, OH 43210 USA  
Phone: (614) 688-4984  
E-Mail: [graham.548@osu.edu](mailto:graham.548@osu.edu)

*Appendix F***Qualtrics© Online Survey Recruitment Script and Informed Consent**

**Project Title:** Development of an APRN Informational Website for State Legislators in Ohio

**Researchers:** Keeley Harding, MS, CNP and Margaret Graham, PhD, CNP, FAAN, FAANP

I (Keeley Harding) am seeking health policy experts to serve on an expert panel to review the contents of a newly created website that will be used to educate busy, term-limited state legislators in Ohio about the following four types of advanced practice registered nurses (APRNs) and their scope of practice:

- Certified Nurse Practitioner (CNP)
- Certified Registered Nurse Anesthetist (CRNA)
- Certified Nurse-Midwife (CNM)
- Clinical Nurse Specialist (CNS)

You are being asked to participate as a member of the health policy expert panel because of your health policy experience and past involvement in APRN-related legislation in Ohio. Your opinion, and any information you share, will be of great value in helping complete this project. The results could significantly benefit the nursing profession and help to establish a website about the roles and scope of practice of APRNs in Ohio.

**Rights of Participants:**

Your participation is voluntary. You may refuse to participate, skip questions, withdraw, exit, or leave the survey at any time without penalty or loss of benefits to which you are otherwise entitled. Your decision whether or not to participate will not affect your future relationship with the doctor of nursing practice (DNP) student, DNP Faculty Advisor, DNP Committee Members, or The Ohio State University.

**Confidentiality:**

If you choose to participate, the strictest confidentiality will be maintained to protect your privacy; however, because we are using the Internet, there is a chance that someone could access your online responses without permission. In some cases, this information could be used to identify you. The security-enhanced online survey uses Secure Sockets Layer (SSL) encryption, which is a protocol developed for creating a secure connection, encrypting information, and transmitting confidential user information via the Internet. Please do not use your name, e-mail address, or any other identifying information in your responses so the survey remains confidential. Any identifying information provided will be removed. Please be assured that we will not link your personal information with any responses that you provide.

**Procedures:**

If you agree to participate, you will be asked to perform the following in the order listed below:

1. Read the content on the website: <http://go.osu.edu/ohioaprn>  
**NOTE: The proposed website is private and only accessible via the login credentials below.**  
**Username: ohioaprn**  
**Password: Nursing123!@**

**Please use one of the following web browsers to access the website: FireFox, Chrome, or Safari as Internet Explorer may cause difficulties. In addition, you will want to view the website on a laptop or personal computer rather than, for example, an iPhone or iPad since the mobile site is not fully operational.**

2. Complete the online survey. Please do not use your name, e-mail address, or any other identifying information in your responses so the survey remains confidential.

The responses to the survey will be used to help identify the accuracy, clarity, and relevance of the website content. At the end of the survey, a comment box is provided for you to freely type any additional comments or suggestions. You will be permitted to exit the survey at any time and, if you choose, you may return to complete your unfinished survey later.

**Duration of Participation:**

The total time commitment to review the website and answer the survey questions is **approximately 30 minutes**. The survey contains one demographic question about your health policy background and eight opinion questions about the website. Your participation on the health policy expert panel is concluded once you submit your responses.

**Incentives or Payments:**

You will receive no payment, compensation, or other incentives for participating on the health policy expert panel.

**Consent to Participate in Research:**

Please consider the information carefully, and feel free to ask questions before making your decision whether or not to participate. If you decide to participate, the return of the survey will serve as informed consent. No signature or name is required.

*Appendix G***Qualtrics© Online Survey Contact Information Card****Contacts and Questions:**

If you have questions, concerns, or complaints please feel free to contact me or my advisor, Dr. Graham.

Keeley Harding, MS, CNP  
Co-Investigator, Graduate DNP Student  
The Ohio State University, College of Nursing  
Doctor of Nursing Practice (DNP) Program  
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Phone: (937) 623-5571  
E-Mail: harding.39@osu.edu


Margaret Graham, PhD, CNP, FAAN, FAANP  
Principal Investigator and DNP Faculty Advisor  
The Ohio State University, College of Nursing  
Columbus, OH 43210 USA  
Phone: (614) 688-4984  
E-Mail: graham.548@osu.edu

For questions about your rights as a participant in this project or to discuss other project-related concerns or complaints with someone who is not part of the DNP Final Project committee, you may contact Ms. Sandra Meadows in the Office of Responsible Research Practices at 1-614-688-4792 or 1-800-678-6251.

An Institutional Review Board responsible for human subjects research at The Ohio State University reviewed this project and found it to be acceptable, according to applicable state and federal regulations and University policies designed to protect the rights and welfare of participants in research.

*Appendix H***Qualtrics© Online Survey Demographic Question**

Survey Completion 100%



THE OHIO STATE  
UNIVERSITY

Development of an APRN Informational Website for State Legislators in Ohio

Demographic Question

What is the total number of years that you consider yourself as having experience in health care policy?

0-5 years


6-10 years

More than 10 years

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*Appendix I***Qualtrics© Online Survey**

Survey Completion 100%



**THE OHIO STATE  
UNIVERSITY**

Development of an APRN Informational Website for State Legislators in Ohio

The next set of questions will ask you for your opinion about the website: <http://go.osu.edu/ohioaprn>


**Username:** ohioaprn  
**Password:** Nursing123!@

If you have not done so already, please review the website before proceeding.

Please remember to use one of the following web browsers to access the website:  
FireFox, Chrome, and Safari as Internet Explorer may cause difficulties.

<< >>

Survey Completion 100%



THE OHIO STATE  
UNIVERSITY

Development of an APRN Informational Website for State Legislators in Ohio

Does the website contain accurate information?

Yes

No

<< >>



Survey Completion

100%

  
THE OHIO STATE  
UNIVERSITY

Development of an APRN Informational Website for State Legislators in Ohio

Does the website contain accurate information?


Your response was "No" to the question, please provide comments:

<<

>>

Survey Completion

100%

  
THE OHIO STATE  
UNIVERSITY

Development of an APRN Informational Website for State Legislators in Ohio

How clearly does the webmaster explain the role of the APRN?

Completely Clear

Moderately Clear

Somewhat Clear


Not At All Clear

<<

>>

Survey Completion

100%

  
THE OHIO STATE  
UNIVERSITY

Development of an APRN Informational Website for State Legislators in Ohio

How clearly does the webmaster explain the educational background of APRNs?

Completely Clear

Moderately Clear


Somewhat Clear

Not At All Clear

<<

>>

Completion 100%



THE OHIO STATE  
UNIVERSITY

Development of an APRN Informational Website for State Legislators in Ohio

How clearly does the webmaster explain the licensing requirements for APRNs in Ohio?

Completely Clear


Moderately Clear

Somewhat Clear

Not At All Clear

<< >>

100%



THE OHIO STATE  
UNIVERSITY

Development of an APRN Informational Website for State Legislators in Ohio

How clearly does the webmaster explain the economic importance of APRNs?

Completely Clear

Moderately Clear

Somewhat Clear

Not At All Clear

<<

>>



100%

  
THE OHIO STATE  
UNIVERSITY

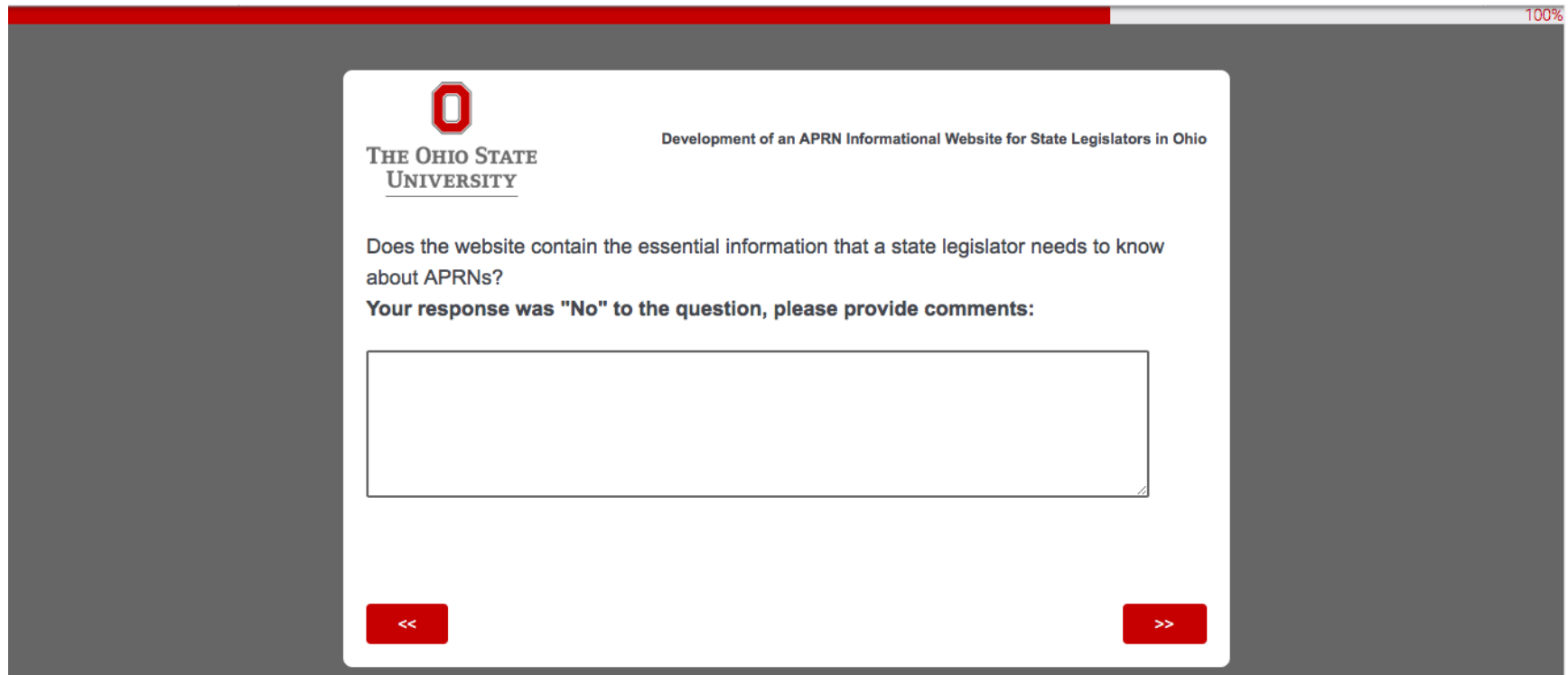
Development of an APRN Informational Website for State Legislators in Ohio

Does the website contain the essential information that a state legislator needs to know about APRNs?


Yes

No

<< >>



100%

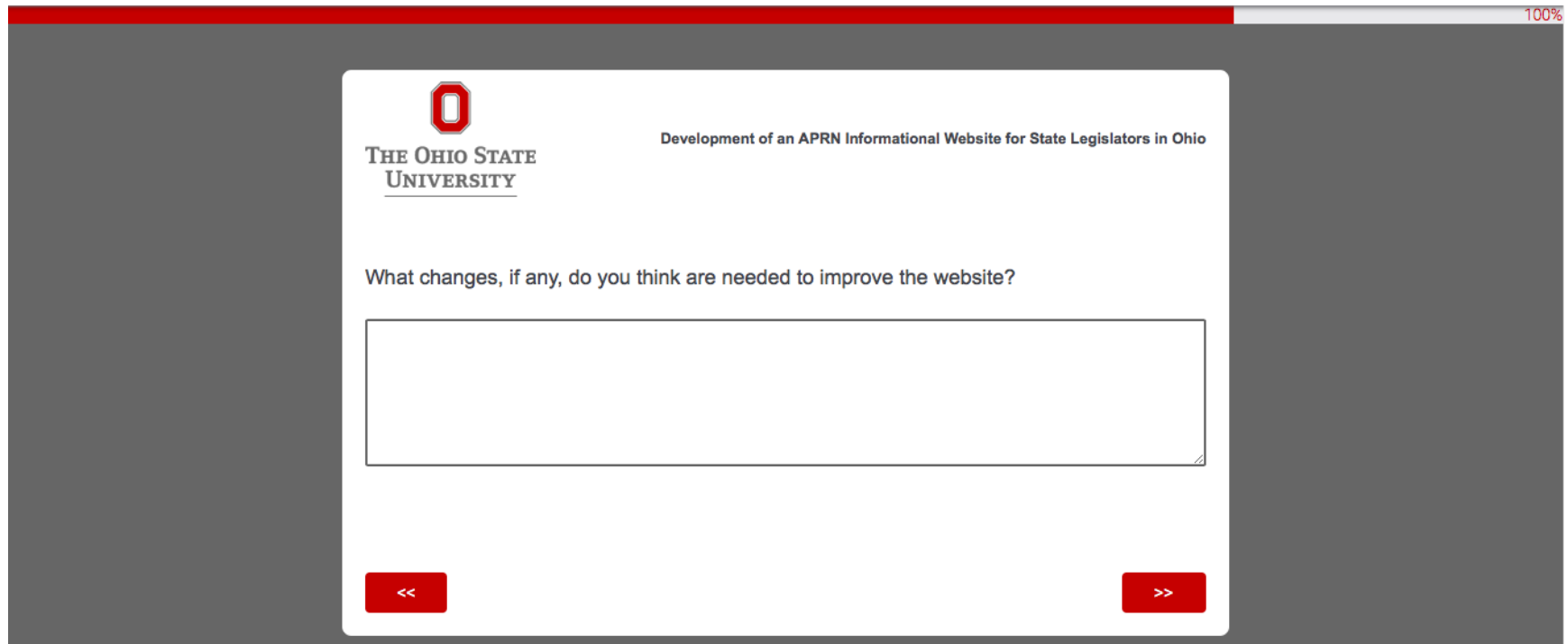
  
THE OHIO STATE  
UNIVERSITY

Development of an APRN Informational Website for State Legislators in Ohio


Does the website contain the essential information that a state legislator needs to know about APRNs?

**Your response was "No" to the question, please provide comments:**

<< >>



100%

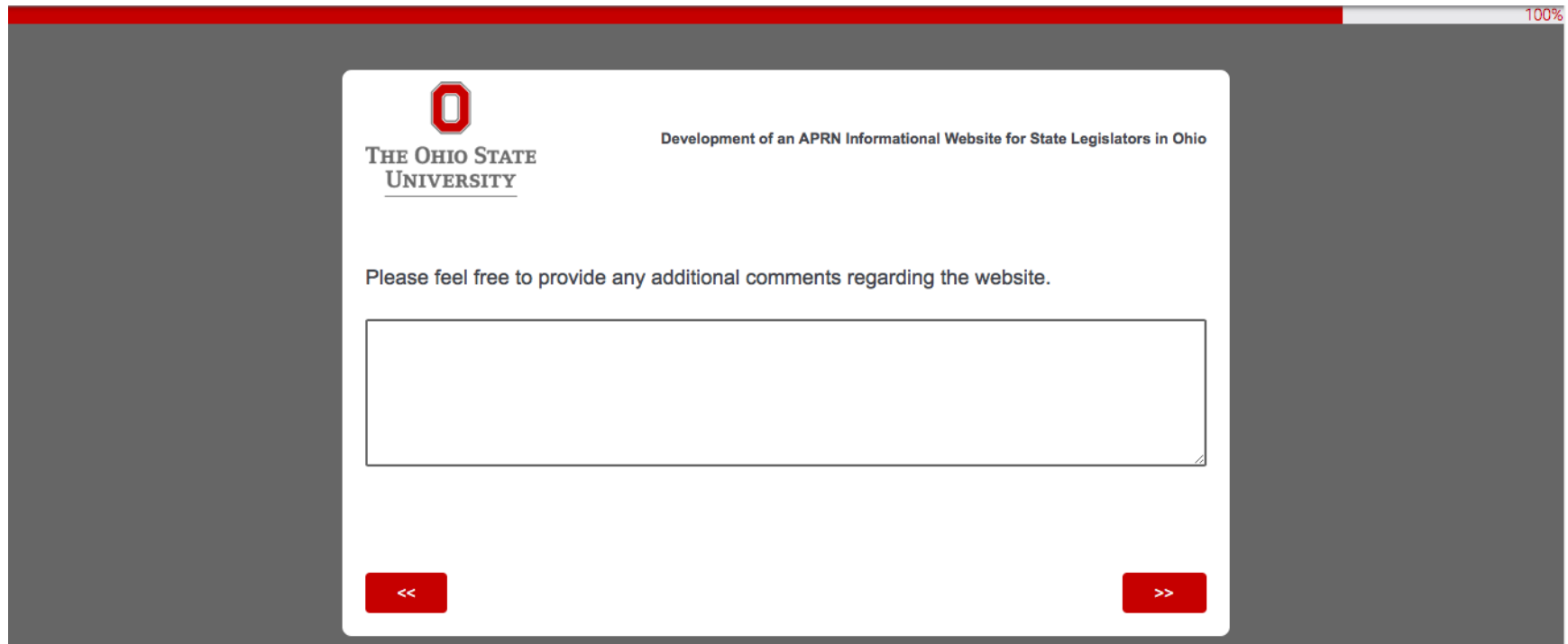
  
THE OHIO STATE  
UNIVERSITY

Development of an APRN Informational Website for State Legislators in Ohio


What changes, if any, do you think are needed to improve the website?

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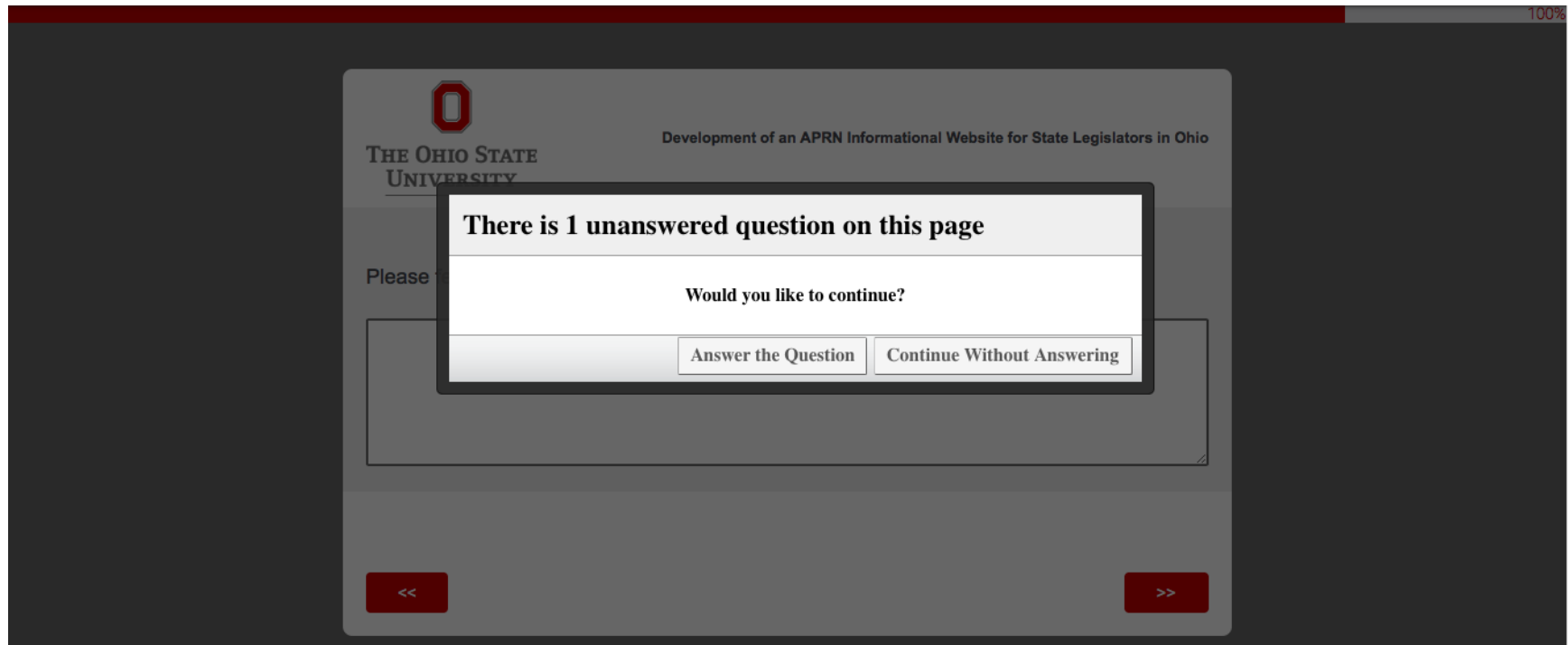
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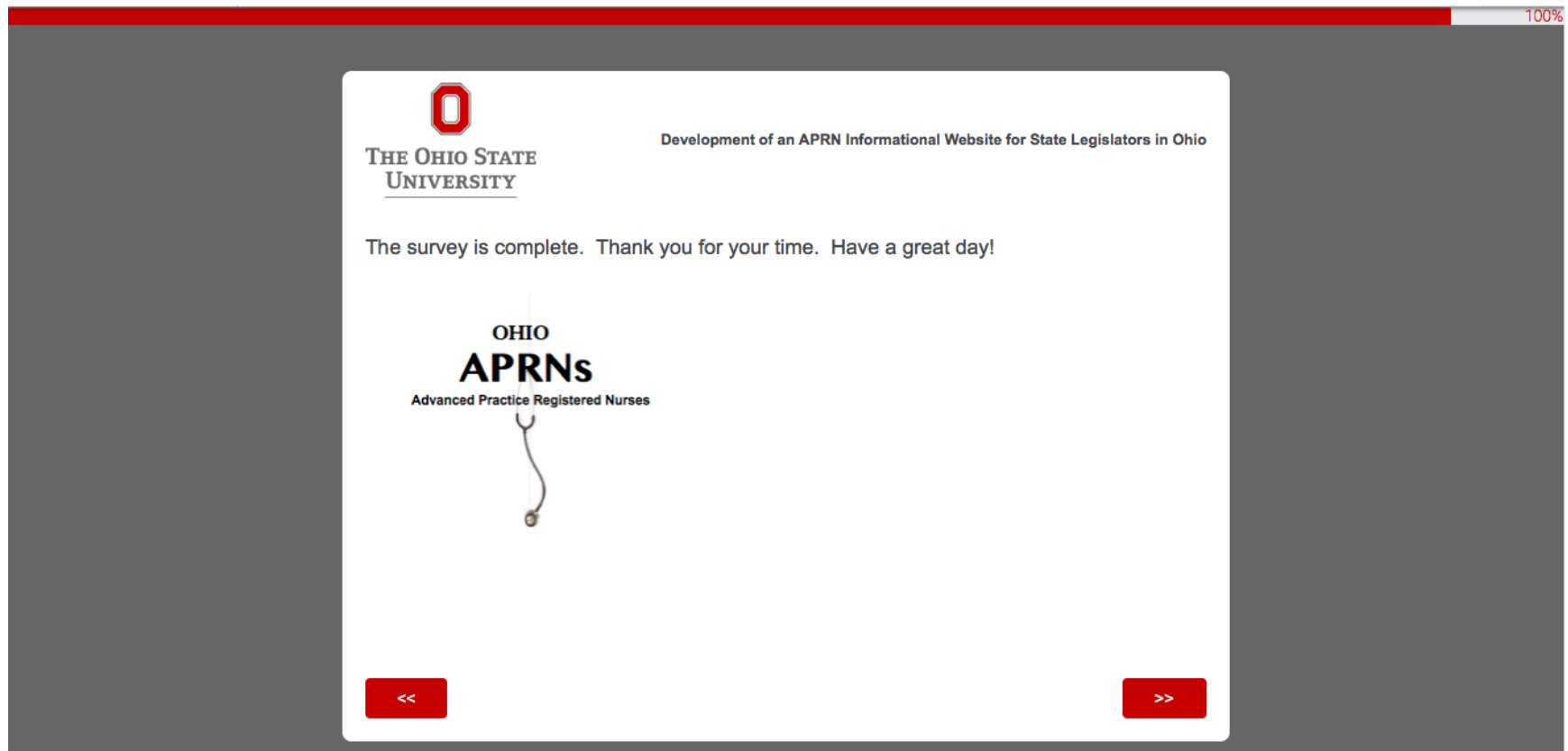
  
THE OHIO STATE  
UNIVERSITY

Development of an APRN Informational Website for State Legislators in Ohio

Please feel free to provide any additional comments regarding the website.

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Development of an APRN Informational Website for State Legislators in Ohio

We thank you for your time spent taking this survey.  
Your response has been recorded.